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ABSTRACT

This report presents results of an interview study made by the National Institute of Senior Centers (NISC), a program of The National Council on the Aging, Inc. (NCOA). Thirty Centers were selected for on-site study. The criterion was a program directed to older adults, meeting at least once weekly on a regularly scheduled basis and providing some form of educational, recreational or social activity. Sites included at least one Center within each of the 10 HEW regions. Selection of 20 other Centers was determined by systematic examination of two mail questionnaires submitted by Senior Centers themselves. From intake data supplied, NISC staff members assigned to the project selected, at random, persons to be interviewed at the Center. Appointments were arranged in advance. Interview time averaged 50 minutes per individual over a period of five man-days. Case studies of the 30 sites visited reveal implications of the findings, policy recommendations made -- and problems, possible solutions and topics in need of further discussion. It is anticipated that the findings reported here may be useful to those responsible for planning and implementing Senior Center and other group programs. (Author)

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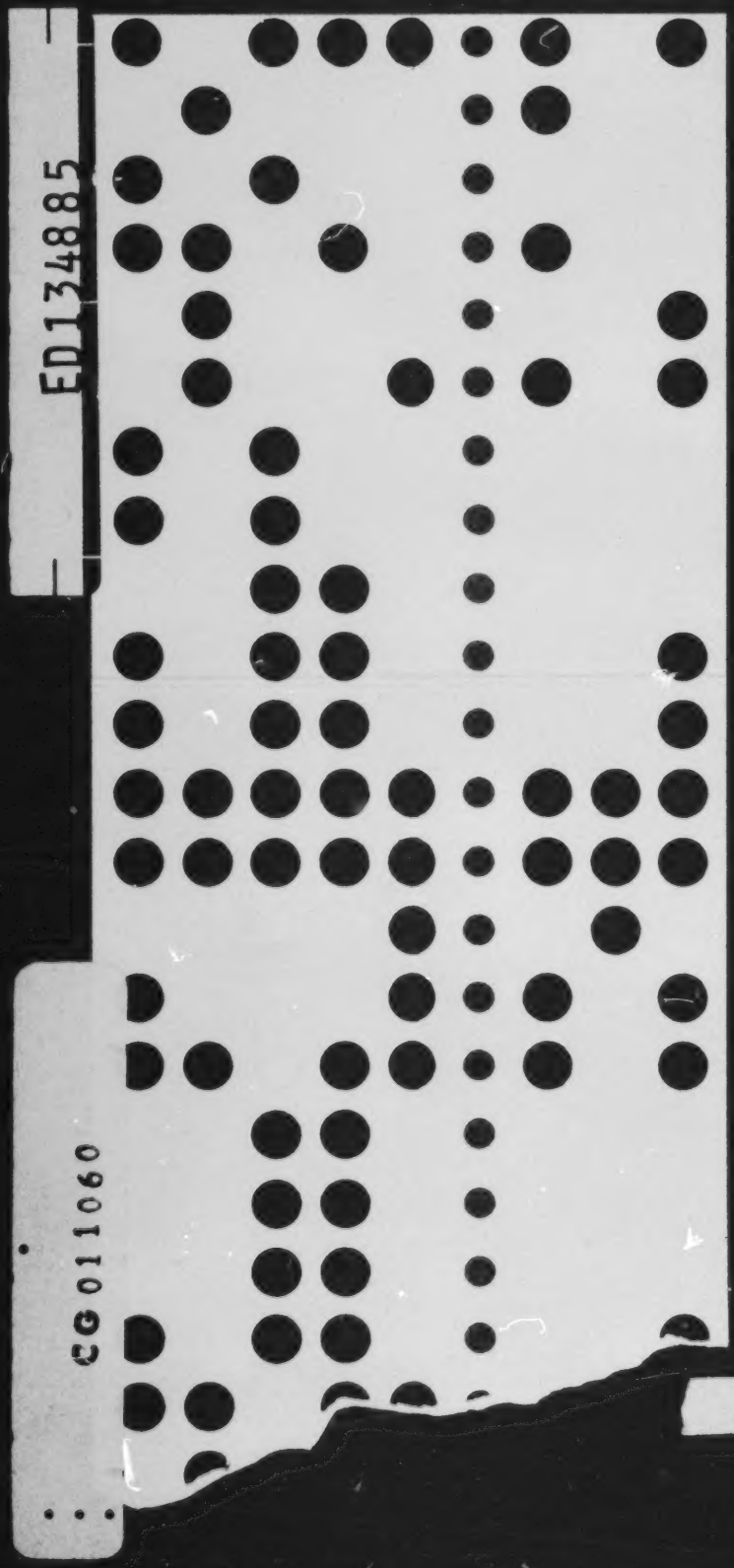

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SENIOR CENTERS: REPORT OF SENIOR GROUP PROGRAMS IN AMERICA

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December 1975

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Special appreciation is due Marjorie A. Collins and other members of The National Council on the Aging staff whose suggestions led to report clarification, to Mary Youry and Allene Magann, co-editors, and to Iona Greene and Betty Ransom, my secretary, who patiently and skillfully typed and retyped the many drafts and final copy.

Joyce Leanse

Director, National Institute of Senior Centers

CHAPTER I: INTRODUCTION

1.0 PROJECT OBJECTIVES

The National Institute of Senior Centers' (NISC) Multipurpose Senior Center Research Project was conceived in 1972 as a state-of-the art study to (1) describe the current range and operations of Senior Centers and other senior group programs, and (2) identify and describe characteristics of the physical environment which best support and enhance the functioning of older people participating in Senior Center services and activities. Specifically, the objectives of the project were to:

1) Compile a comprehensive, nationwide Directory of Senior Centers and Clubs.

2) Obtain basic, descriptive information on the current characteristics and operations of Senior Centers and clubs.

3) Obtain basic information on current Senior Center users and nonusers and to compare and contrast them to examine differences, if any, between users and nonusers.

4) Identify and describe characteristics of an optimal physical environment for Senior Centers.

5) Develop a guide for the design and operation of Senior Centers.

The project's first phase involved identification of Senior Centers and clubs and the development of the Directory of Senior Centers and Clubs: A National Resource, a 545-page volume published by The National Council on the Aging (NCOA) in late 1974.

The present report focuses primarily on the project's second and third objectives: Description of the current characteristics and operations of Senior Centers and clubs and comparison of the users and nonusers of Senior Centers. A companion publication, Senior Center Facilities: An Architect's Evaluation of Building Design, Equipment and Furnishings, was published by

NCOA in Fall 1975. The report developed from a seminar on facilities and visits to nine Senior Center sites, purposively chosen as exemplary facilities. Finally, during the course of the project, four other seminars were held on Senior Center programming, operations and standards, and on the implications of the project's findings for education and training. A fourth publication, Senior Centers: A Guide to Planning, Design and Operation, will result from these seminars, project findings and a review of the literature.

During development of the directory, some basic information was obtained on the current characteristics and operations of senior group programs (Centers and clubs). Later phases of the project were designed to collect more detailed, in-depth information on program characteristics and operations, as well as to obtain data on current Senior Center users and nonusers. Who participates in Senior Center programs, who doesn't -- and why? What services and activities are provided -- and by whom? To what extent are programs linking with other resources in the community? These are among the questions the project was designed to address.

The purpose of this report is to describe the project's primary findings on senior group programs, users and nonusers, based on analyses to date on data collected both in the directory development phase and in later in-depth studies. It is anticipated that the findings reported here may be useful to those responsible for planning and implementing Senior Center and other senior group programs.

1.1 STUDY METHODS

Definition of 'Senior Group Programs'

The project was broader in scope than indicated by the title, "Multipurpose Senior Center Research Project." Recognizing the variability of senior group programs based on the particular needs of any given community and the availability

of resources and leadership, the project examined a wide range of community-based programs for older people -- both Centers and clubs -- to determine the characteristics and functions of various organizational types. To be included in the directory and in later in-depth studies, an organization had to have a program directed to older adults, meeting at least once weekly on a regularly scheduled basis and providing some form of educational, recreational or social activity. Social service agencies and organizations offering only occasional activities were thus excluded by this definition.

Sources of Data

The findings presented in this report are based on data obtained through several sources:

- A mail survey conducted as part of the directory development phase. The survey attempted to reach the entire universe of senior group programs. Two anticipated survey outcomes were: Information would be gathered for the directory and descriptive data would be collected as baseline information on senior group programs throughout the nation.
- A mail survey conducted among a 25 percent sample of the Centers and clubs included in the directory.
- An interview study among a sample of the users and nonusers of 30 selected Centers. (Clubs were not included in this study.)
- A nationwide interview study, conducted by Louis Harris and Associates, Inc., under contract with NCOA. Data from the NCOA-Harris study was reanalyzed to provide a broader data base on nonusers than was available through the user/nonuser interview study noted above. (While questions relating to attendance at Senior Centers and clubs were included on the NCOA-Harris interview schedule, the NCOA-Harris study did not address the specific questions pertaining to users.)
- Case studies of the 30 Centers visited during the user/nonuser interview study.

Mail Survey Procedures and Returns

The project's first step was to identify senior group programs and gather basic information from them. Data from this phase (hereafter referred to as

the directory phase) were used to compile the Directory of Senior Centers and Clubs: A National Resource. Analyses of data from this phase are included in the present report.

In the directory phase, a brief mail questionnaire was used to survey all Senior Centers and clubs identifiable through various sources. The questionnaire was designed to obtain information permitting a general description of location, facilities, activities and services, and the number of users of Centers and clubs.

Efforts to identify all Senior Centers and clubs required contacting over 350 agencies, including the Administration on Aging of the U.S. Department of Health, Education and Welfare (HEW), state offices on aging, state economic opportunity offices, state departments of public welfare, the National Recreation and Park Association, local community action agencies, national voluntary agencies, such as the Salvation Army and the YMCA, and the headquarters of all major religious groups. These organizations provided lists of senior adult programs known to them. Lists of Senior Centers compiled by NCOA through NISC and from the previous directory issued in 1969 by the Administration on Aging were included. A separate section of the questionnaire asked agencies sponsoring several programs to submit lists of their additional sites.

The identification procedures resulted in a basic mailing list of 17,930 names and addresses after elimination of recognized duplicates and nondeliverable mailings. Of these, questionnaires were completed by 4,870 organizations meeting the three criteria for inclusion in the project (see definition of "senior group programs," pages 2-3). Analyses in this report were based on the 4,870 "eligible;" 3,388 organizations were tagged ineligible for inclusion in the project (mostly because they did not meet weekly). An additional 184 indicated that they did not wish to be included. Thus, valid responses

were obtained from 8,442 (47 percent) of the organizations on the basic mailing list; 9,488 failed to respond to the questionnaire or to subsequent follow-up postcards and could not be classified with respect to eligibility for inclusion.

A systematic 25 percent sample of the 4,870 eligible Senior Centers and clubs responding to the initial directory phase survey received a second mailed survey form. The survey purpose was to collect more detailed, in-depth information concerning all aspects of senior group program locations, budget, services and activities; goals, number and characteristics of users and qualifications of program staff. This second phase of the project (hereafter referred to as the in-depth phase) completed gathering data necessary for description of the current status of senior group programs.

The questionnaire requesting detailed information about administration, staff, facilities, budget and programs was designed by research staff members with assistance of NISC executive board members and a specially convened symposium of academicians and Senior Center practitioners from adult education, recreation and group social work fields. An initial draft of the questionnaire was sent to NISC Delegate Council members, requesting each to complete it for his/her Center. Their suggestions for revision were incorporated into a second draft of the questionnaire that was administered to several Center directors in the Washington, D.C., area. Suggestions from symposium participants as they reviewed a third draft of the questionnaire were included.

The questionnaires' final draft was then pretested on a sample of 200 senior group programs selected through systematic sampling. Returns from the pretest were received promptly; the programs in the pretest responded with little evidence of difficulty. Questionnaires were then mailed to 1,100 programs, again selected by systematic sampling. First, the selected Center or club was notified

by letter that it would be receiving a questionnaire within the next week. The intent was twofold: First, to advise directors to be on the lookout for the questionnaire and, second, to eliminate organizations no longer operational from the mailing list. Each questionnaire included, as an inducement for completion, a card to return requesting a free copy of the directory.

Follow-up techniques to further encourage response to the questionnaire included follow-up mailings and telephone contacts. At the conclusion of the data-collecting process, data were available on 832 programs; 472 identified themselves as Senior Centers; 233 as clubs that were parts of larger organizations, and 127 as independent clubs.

The total number of Senior Centers and clubs and their characteristics is not known, so it is impossible for this study to assess the degree to which organizations responding to the first mailed questionnaire represent the total population of Senior Centers and clubs that meet the three study criteria. In addition, on both the first and second mailed surveys many respondents failed to answer all of the questionnaire's questions. Consequently, the survey data are not as complete as would be desirable and the findings should be interpreted with caution.

On-site User/Nonuser Study Procedures

Since Storey's study of Little House users and nonusers (Storey, 1962), investigators have been concerned about the differences between those who use Senior Centers and those who do not. Most studies, including a recent evaluation of New York Centers and clubs (Holmes et al., 1974) have been limited to a circumscribed geographical sample. A major objective of the NISC study was to investigate differences between Center users and nonusers, using a broadly-based sample.

Thirty selected Senior Centers served as sites for the user/nonuser interview study and for descriptive case studies of Senior Centers. Site visits were made to the 30 Centers selected for this phase, identified as the user/nonuser case study or on-site part of the project.

Senior Centers and multipurpose Senior Centers completing the in-depth mail questionnaire served as the population from which Centers to be included in the on-site study were selected. Sites were chosen to include at least one Center within each of the 10 HEW regions, with the number of Centers within each region approximately proportional to the number in the region that responded to the in-depth mail questionnaire. Twenty of the 30 sites were selected at random; the remaining 10 sites were purposively chosen to provide information on organizational structures not represented in the randomly selected group. Selection of the latter was based on two criteria: First, the Center differed organizationally or offered programs not found at any of the other locations; second, the Center was located within convenient traveling distance of a Center selected at random.

Cooperation of the directors was excellent. Only one Center refused to grant our request to interview participants. The 30 Centers were asked to submit lists of persons who attended activities on a regular basis; some Centers, instead, provided complete lists of persons on whom they had intake data. From these lists, NISC research staff selected at random the persons to be interviewed during site visits. Appointments were arranged in advance, and users were interviewed at the Center by NISC staff members assigned to the project. Interview time averaged 50 minutes. Each site was visited for five man-days when only users and administrators were to be interviewed.

Nonusers were interviewed by telephone at 10 of the 30 sites; a random-digit dialing technique was used to contact them. In many locations, random-digit

dialing failed to produce an adequate number of contacts within a reasonable amount of time. In such instances, the senior team member obtained a list of retired persons in the target area and from the lists selected telephone numbers at random. A 20-minute interview elicited information similar to that obtained from users and was supplemented with information on reasons for Center nonattendance. Most of the elderly were cooperative; few interviews were not completed due to refusals or discontinuance of the interview. Sites where users and nonusers were interviewed were visited for a minimum of six man-days; when identification of nonusers proved difficult, eight man-days were needed to get the necessary information from users, nonusers and administrators.

The user interview schedule included questions from the NCOA-Harris schedule pertaining to attendance at Senior Centers and clubs. Questions probing satisfaction with the Center, activity participation, desired program changes, known reasons for nonparticipation of friends and activities that might possibly replace those now underway at the Center were added. Five hundred and forty users were interviewed; 12 were not included in data analysis because of poor health that rendered them unable to complete the lengthy interview process. The nonuser interview schedule included questions to determine the older persons' awareness of the existence of Senior Centers in the area. Two hundred nonusers completed the NISC questionnaire. Both forms requested answers about memberships and activities at the time respondents were young (defined as "about 35"). The relationship between past and current memberships has been studied in previous research (Schramm and Storey, 1961; Storey, 1962) and was of considerable interest to the present project.

1.2 ORGANIZATION OF REPORT

Findings on the organizational characteristics and resources of Senior

Centers and other senior group programs, presented in Chapter II, were obtained through the two mail questionnaire surveys described previously. Chapter III, also based on data from the mail surveys, discusses program characteristics, services and activities and program goals. Findings related to program participation, including analyses of data from the on-site user/nonuser study, are presented in Chapter IV. Case studies of the 30 sites visited during the user/nonuser study appear in Chapter V. In Chapter VI of the report, implications of the findings are suggested, policy recommendations made -- and problems, possible solutions and topics in need of further study are discussed.

CHAPTER II: ORGANIZATIONAL CHARACTERISTICS AND RESOURCES

2.0 INTRODUCTION

A growing number and increasing variety of senior group programs are developing in communities throughout the United States. The first club for older persons was organized in Boston in 1870; the first Senior Center was established in New York City in 1943. These organizations number in the thousands today.

This chapter presents descriptive information on the various types of organizations currently providing senior group programs, their sources of support, facilities and staff. Data were obtained through the mail survey conducted during the directory development phase of the project (N=4,870) and through the later in-depth mail survey of a 25 percent sample of directory survey respondents (N=832).

2.1 TYPES OF ORGANIZATIONS

Respondents to the directory survey questionnaire identified the "organizational type" of their program from the following options: Multipurpose Senior Center, Senior Center, club for older persons (hereafter referred to as independent clubs) and a program for all persons, with special activities available for the elderly (hereafter referred to as clubs in larger organizations).[1]

Fifty-one percent of the 4,870 directory survey respondents identified their organizations as Senior Centers (multipurpose Senior Centers, 29 percent;

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[1]Since the project's purpose was to explore the current state of the art, including the ways programs define themselves, the study asked for self-identified "organizational type" rather than providing respondents with definitions of various organizational types or later classifying organizations on the basis of their reported characteristics. It is anticipated that information gathered during the project will assist in developing definitions appropriate and acceptable to the field.

Senior Centers, 22 percent); 46 percent as clubs (independent clubs, 35 percent; clubs in larger organizations, 11 percent), and three percent could not be classified as one of these organizational types. In this chapter, some comparative data are presented for the four organizational types.[2]

Among senior group programs responding to the directory survey, about half were voluntary nonprofit organizations. The large majority of others identified themselves as public/government agencies. (Few were private for-profit organizations.) Multipurpose Centers included the largest proportion of public/government agencies (60 percent). About half of the Senior Centers and clubs in large organizations identified themselves as public/government agencies, compared with 38 percent of the independent clubs. Local public agencies, particularly recreation departments, made up the majority of the public/government agencies which sponsored senior group programs.

Observations in the field have suggested that organizational structures of senior groups are becoming more complex.[3] During the directory study, 670 sponsoring agencies returned forms identifying the multiple sites which they administered. The in-depth survey provided further evidence supporting this trend. Over half of the reporting Centers had several sites; the average number of sites reported by these groups was nine. The large majority of these multisite programs reported that direct services and program activities were provided at their other sites, as well as at the reporting site.

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[2]Data from other or unclassifiable organizations are not included in the presentation of data by organizational type.

[3]Models of possible Center organizations may be found in Alternatives to the Single Site Center (Fowler, Talmadge), 1974, available from NCOA.

Differentiation of Senior Centers and Clubs

One of the project's purposes was to obtain information which would contribute to more precise definitions of various types of senior group programs. To this end, the in-depth mail questionnaire asked for respondents' perceptions of characteristics typical of Senior Centers and those typical of clubs. Respondents did tend to differentiate between these two basic organizational types.

The majority of respondents indicated that both Centers and clubs provide for social/recreational activities; that both provide opportunities for leadership development, and that both typically have a membership list. Compared with clubs, however, Centers were viewed as more likely to offer a wide variety of services and activities, meet several days weekly, have a paid staff and permanent facility and be incorporated with a board of directors. Also, Centers were seen as considerably less likely to have a membership fee or membership list. In fact, a membership fee was the only characteristic that the majority of respondents thought was typical of clubs.

Program Establishment

The passage of the Older Americans Act of 1965 provided an important impetus to the development of all senior group programs, particularly for Senior Centers. As shown in Table 1, only 17 percent of multipurpose Centers and Senior Centers reported they were established prior to 1965, compared with one-third of the clubs responding to the directory survey. During those early years, clubs offered the predominant organizational programming for older people. But since 1965, increasing numbers of Senior Centers have been established to provide more comprehensive services and activities.

TABLE 1: YEAR ESTABLISHED BY ORGANIZATION TYPE

	Multi-purpose Centers	Senior Centers	Independent Clubs	Clubs in Larger Organizations
Before 1965	239 (18%)	165 (17%)	541 (34%)	146 (30%)
1965-1969	431 (32)	323 (32)	400 (25)	150 (30)
1970	120 (9)	87 (9)	163 (10)	44 (9)
1971	141 (10)	126 (13)	150 (9)	46 (9)
1972	179 (13)	135 (14)	179 (11)	46 (9)
1973	232 (17)	149 (15)	159 (10)	50 (10)
1974*	23 (2)	12 (1)	11 (1)	12 (2)
Total answering	1,365	997	1,603	494

*Data for 1974 are incomplete because questionnaires were not included in the tabulation if received after July 1, 1974; many programs indicated that they could not supply information as services were just being organized.

2.2 PROGRAM LOCATION

The majority of programs in the directory survey were located in cities (see Table 2). In rural areas, many with high proportions of elderly, almost two-thirds of the organizations identified themselves as multipurpose Centers or Senior Centers. In contrast, the majority of suburban programs were clubs.

TABLE 2: LOCATION BY ORGANIZATION TYPE

	Multi-purpose Centers	Senior Centers	Independent Clubs	Clubs in Larger Organizations
Urban	854 (61%)	600 (57%)	929 (54%)	306 (59%)
Suburban	226 (16)	180 (17)	490 (28)	106 (20)
Rural	308 (22)	255 (24)	257 (15)	97 (19)
Unclassifiable	21 (2)	17 (2)	49 (3)	11 (2)
Total	1,409	1,052	1,725	520

The number of services, such as health, education and information and referral was related to location, with programs in urban areas providing a greater number of services than those in rural areas. There was also a slight tendency for urban programs to report more frequently being open 11 or more sessions per week which, as defined for this study, would suggest that rural and suburban programs are less likely to be opened in the evening or on weekends. Since large cities have more resources available, the extent to which the availability and range of services may be related to size of community rather than to the needs of individuals would seem inappropriate. Older persons in rural communities, towns and small cities have needs similar to the elderly in larger cities but often may have extremely limited programs directed to their needs.

2.3 SENIOR CENTER FINANCING

The in-depth questionnaire was designed to obtain detailed information on Senior Center budgets and sources of funding. However, many Centers

apparently were unable to supply financial information in the detail requested by the questionnaire.

Among responding Senior Centers, 47 percent indicated their funding was from only public sources; 18 percent, that funding came entirely from private sources and 34 percent received funds from both public and private sources. Though many organizations did not complete questionnaire items on specific funding sources other than to indicate the proportion from Federal, state and local public and other sources, 41 percent of the reporting programs mentioned support under Title III and 20 percent under Title VII. (Title VII programs were not yet completely organized at the time of the survey; therefore, it is reasonable to expect that additional Centers have subsequently been funded under this source.)

Office of Economic Opportunity funds were reported by only 36 Centers and ACTION funds by 20. Sixteen Centers replied they were receiving funds through programs supported by the Department of Labor. State and county funds, including revenue sharing, were reported by 135 Centers, while 48 indicated they were receiving funds through local revenue sharing. Other local sources provided assistance to 98 Centers; in-kind contributions were reported by 162. The United Fund was checked as a source of support by 81 Centers; religious organizations by 39; foundations by 73; membership fees by 125, and project income by 135. Civic groups were listed by 45 Centers as sources of support.

The average Center reported that 83 percent of its total budget was allocated to operating expenses, and only nine percent went toward capital expenditures. That Center operations have expanded is suggested by an increase in the average budget of $17,652 in 1968 to nearly $50,000 in 1974.

The average Center budget reported for 1973 was $36,210; this amount had grown to $49,754 by 1974. Many Title VII nutrition programs were initiated at Senior Centers during this latter period, and some of the increase in budgets probably reflects funding for these programs. The average annual cost per participant (based on average monthly attendance) for Centers was only $89.

But, most organizations could not attach a dollar value to facilities and services that were provided "in-kind" in support of their programs. Since in-kind contributions -- such as volunteer services, rent free facilities and donated supplies -- may provide a sizeable portion of the operating expenses of many programs, reported budgets may not reflect true program costs to the community. Methods for reporting and assessing in-kind contributions should be a part of every program's cost accounting system.

Relationships Between Financing and Other Variables

Various analyses were undertaken to examine relationships between financing and other variables of interest. They revealed statistically significant correlations ($p < .05$) between budget size and several aspects of senior group program operations. For example, total membership and number of participants receiving services that may be costly to provide (e.g., counseling and legal or health services) were rather closely related to budget size. The number of education and information and referral services also increased as the budget grew larger. Also, budget size tended to be larger in organizations funded with Federal money.

Comparisons of groups funded privately, publicly or by both public and private sources suggested some interesting differences. Government regulations or the orientation supported by the public sector seemed to have a definite impact. For example, publicly funded organizations were more

likely to report cooperation and coordination with other agencies in service delivery. Also, publicly funded Centers tended to serve larger numbers of low-income participants, blacks and physically disabled persons.

2.4 SENIOR CENTER FACILITIES

A detailed study of Senior Center facilities was developed as a separate report, though some pertinent data were obtained in the in-depth questionnaire survey.

As shown in Table 3, Senior Centers were located in a variety of facilities. The most frequently reported meeting places were: Own building, used only for senior adult programs; church, temple or synagogue; recreation or community center operated by parks and recreation department, and facility owned by local or county government. Though public housing has been cited as a major source for senior group programs, the scarcity of public housing projects in suburban and rural areas would seem to make them an unrealistic resource for those locations.

TABLE 3: FACILITIES IN WHICH SENIOR CENTERS MEET

Facility	Percent
Own building	26
Church or synagogue	17
Recreation center	15
Local or county government facility	15
Community center of voluntary organization	10
Housing authority building	10
Civic/charitable group facility	7
Privately owned commercial facility	5
All others	6

Among Senior Centers in the in-depth survey, 66 percent made no direct payment for use of facilities, and another eight percent paid only a token rental. Centers were most often housed in renovated facilities (42 percent), though 37 percent reported using old buildings which had not been altered to suit the program; 20 percent occupied new buildings. About two-thirds were single-level facilities.

Perceived Adequacy of Facilities

An index was developed to measure the perceived adequacy of the facilities available to Senior Centers. Respondents to the in-depth survey were asked to indicate whether each of 18 service areas was adequate or inadequate; responses were summed and the summation score divided by the highest possible score that could have been attained had each area been judged "adequate." This index was then correlated with total floor space, budget size, the number of active participants, the number attending regularly, the number of hours the Center was open and the total membership of the organization. Low but statistically significant ($p < .05$) correlations were found between the perceived adequacy index and the following: Number of active participants; number attending regularly; number of hours open, and total membership.

About three out of four Senior Centers reported that facility size somewhat limited the kind and number of programs offered; this figure includes 26 percent rating facility size as "greatly" or "extensively" limiting. Though storage was found to be "inadequate" by the greatest number of Centers (42 percent), a more serious finding was the inadequacy of rooms central to the programs' function and purpose. Over one-third of the respondents reported their meeting/classrooms, hobby/craft rooms and first aid rooms to be inadequate. Other critical areas judged inadequate were: Offices (33 percent); multipurpose

rooms (30 percent); parking areas (30 percent), and kitchen and food storage (29 percent).

Another concern reflected in the data was the extent to which wheelchairs were not accommodated in various areas. Nearly 60 percent of those reporting judged their bathrooms and parking areas inadequate for wheelchairs. Over 50 percent felt their outdoor recreation area was not conducive to use by wheelchairs, and an almost equal number felt similarly about their hobby/craft rooms. Other program areas judged inadequate for wheelchairs by at least one-third of the Centers were: Lounge areas; library; auditorium; meeting/classrooms, and dining room. Senior Center facilities need to accommodate wheelchairs if frail older people who are being maintained in the community as an alternative to institutionalization are to participate in programs with their peers, thus encouraging the involvement and interpersonal relations so necessary to emotional health.

2.5 PROGRAM STAFF

The directory questionnaire requested the number of full-time paid staff members, part-time paid staff, volunteers and students. Table 4 shows the number of full-time staff employed by responding organizations. It will be seen that multipurpose Centers and clubs within larger organizations were the most likely to employ at least one full-time paid staff person. However, even multipurpose Centers typically had small staffs; only 21 percent reported having four or more full-time paid personnel. Also, it should be noted that the staff reported by clubs in larger organizations probably included staff members who work only occasionally with older people.

Compared to multipurpose Centers, Senior Centers had considerably fewer full-time paid staff. Half of the Centers reported no full-time paid staff person, and only 21 percent had more than one.

TABLE 4: NUMBER OF FULL-TIME PAID STAFF BY ORGANIZATION TYPE

	Multipurpose Centers	Senior Centers	Independent Clubs	Clubs in Larger Organizations
None	305 (22%)	529 (50%)	1,232 (71%)	191 (37%)
1	446 (31)	301 (29)	342 (20)	165 (32)
2 - 3	369 (26)	136 (13)	119 (7)	98 (19)
4 - 6	195 (14)	66 (6)	24 (1)	37 (7)
More than 6	94 (7)	20 (2)	8 (*)	29 (5)

*Less than .5%.

Staffing Patterns

In the in-depth survey, staff size of reporting organizations ranged from a single volunteer to larger organizations of 20 personnel with a clearly prescribed management hierarchy. Forty-four percent of responding Senior Centers indicated that the executive was located at the reporting site, 59 percent had supervisors on site and 77 percent had other staff at the location reporting. Fifty-two percent of the responding Centers indicated they were part of a larger network, with many personnel or services located at more than one site.

Information also was gathered regarding (1) who provides various services (e.g., program staff, staff from other agencies, participant volunteers or volunteers from the community), and (2) whether the service was offered at the Center or elsewhere. Though program staff were reported more often

as providing on-site all the services and activities listed, many Centers used the services of volunteers and staff from other agencies. Program staff most frequently provided creative activities, sedentary recreation, information and referral and counseling. They were least apt to provide home-delivered meals, nutrition classes and counseling, educational programs plus such services as health, legal, employment and library. Staff from other agencies were utilized most frequently to provide nutrition classes and counseling and other educational programs and services. Community volunteers frequently assisted with home-delivered meals and educational programs, while participant volunteers more often were involved with meals on premises and creative and recreational activities.

Correlations were computed to examine relationships between staff size and various indicators of program participation. Data from these analyses tend to contradict findings of Anderson (1969) that staff size was not related to number of persons attending activities. For example, moderately strong, statistically significant relationships ($r > .40$, $p < .001$) were found between staff size and the (1) number regularly participating in active recreation; (2) number regularly participating in creative activities; (3) number receiving nutrition education, and (4) number regularly participating in nutrition education.

Educational Level of Administrator

Education and experience are two major factors which prepare persons for executing various roles. As Table 5 indicates, about two-thirds of the Senior Center administrators in the in-depth survey reported at least some college work; 16 percent reported some graduate level work. Similarly, the majority of administrators of clubs in larger organizations reported at least

some college. In contrast, the majority of administrators of independent clubs either had not attended college or did not answer the question.

TABLE 5: LEVEL OF EDUCATION OF PERSONS DIRECTLY IN CHARGE OF OPERATING PROGRAMS

	Centers	Independent Clubs	Clubs in Larger Organizations
Grades 1 - 8	3%	9%	3%
Some high school	4	6	3
High school graduate	16	13	14
Post high school, not college	5	7	5
Some college	22	14	16
College graduate	26	13	27
Graduate school	16	7	14
No answer	8	32	19
Total	472	127	233

Analyses were conducted to investigate relationships between the educational level of the director and numerous variables. Results indicated that better-educated directors had a greater number of contacts with other agencies working in the field of aging. Those with some college or a baccalaureate degree frequently reported meeting with other aging organizations or sponsoring programs related to aging for the benefit of the entire community.

Directors with college or graduate degrees tended to encourage participants to be active in community service. Such administrators, working at tasks which required more management expertise and knowledge of community affairs, tended to report either that they cooperated with service delivery systems or coordinated such systems. They also considered themselves resource people in the field of aging.

The director's educational level was not related to the number of poor, isolated, blacks and other minority groups served, nor to the number of educational services offered. But educational backgrounds did relate to recreational activities; more education and Center-related training were associated with more innovative programming. Also, the director's educational level was related to the size of the membership, the length of time he/she had served in the present position and to salary.

It must be recognized, of course, that the relationships found between the director's educational level and other variables cannot be interpreted to mean that the director's education contributes causally to larger membership, better programming, greater community involvement, etc. The better-educated directors tended to be located in urban rather than rural areas. Variables such as membership size and salary level are also likely to be associated with population density (urban vs. rural). To draw valid inferences concerning the possible role of the director's education in program development and operations, further analyses would be needed to explore the complex interrelationships among the variables.

Staff Salaries

Salaries of directors tended to be low; the median salary for Senior Center directors was $9,000, including both part-time and full-time directors; for directors of clubs in larger organizations, it was $11,000. Only 26 percent of Senior Center administrators received salaries over $10,000, and only five percent were paid between $15,000-$20,000. Slightly over two percent of all program administrators earned $20,000 or more annually. When these data are related to Anderson's (1969), it becomes apparent that salaries have not kept abreast of those in other fields.

Staff Incentives

To develop and maintain a program for older persons providing meaningful opportunities for growth and an adequate range of services require skills and knowledge not always part of staff's prior education and experience. It also is necessary to keep up with changing conditions and new findings relevant to the field of aging. Organizations have a variety of methods available to them to provide such updated information.

Table 6 reports the extent to which the three organizational types in the in-depth survey utilized various staff incentives for additional education and training. Senior Centers were more active than clubs in promoting professional development; independent clubs provided few incentives for education and training.

TABLE 6: STAFF INCENTIVES BY ORGANIZATION TYPE

	Senior Centers	Independent Clubs	Clubs in Larger Organizations
Paid tuition	101 (25%)	9 (16%)	39 (25%)
Staff library	115 (28)	4 (7)	29 (18)
Lectures, seminars	217 (53)	14 (25)	70 (44)
On-the-job training	204 (50)	8 (15)	58 (36)
Promotion after training	48 (12)	4 (7)	12 (8)
Salary increase after training	51 (13)	1 (2)	13 (8)
Paid professional memberships	88 (22)	3 (5)	30 (19)
Paid attendance at professional meetings	193 (47)	8 (15)	61 (38)
Leave with pay	149 (37)	6 (11)	41 (26)
Leave without pay	86 (21)	2 (4)	21 (13)

CHAPTER III: PROGRAMMATIC CHARACTERISTICS: SERVICES, ACTIVITIES AND GOALS

3.0 LEVELS AND TYPES OF SERVICE

The activities and services provided in senior group programs are among the means for attaining the programs' goals and objectives. In the directory phase of the study, Senior Centers, particularly multipurpose Centers, were found to provide a broad range of services and activities.[1]

The multipurpose designation has been suggested to apply to programs which offer three or more services.[2] Table 7 indicates the number of programs in the directory survey which met this criterion.

TABLE 7: LEVELS OF SERVICE BY ORGANIZATION TYPE

	Multipurpose Centers	Senior Centers	Independent Clubs	Clubs in Larger Organizations
Less than 3 services	227 (16%)	441 (42%)	1,081 (63%)	218 (42%)
3 basic services[a]	80 (6)	53 (5)	88 (5)	44 (8)
4 services[b]	533 (38)	327 (31)	429 (25)	182 (35)
5 services[c]	569 (40)	231 (22)	127 (7)	76 (15)

[a]Education, recreation, I&R or counseling.

[b]Three basic services plus volunteer opportunities.

[c]Three basic services plus volunteer opportunities and Health Services.

[1]Each group included in the directory study was expected to offer recreation, education or some social activity to differentiate a senior group program from a social service agency.

[2]President's Council on Aging. Subcommittee on Senior Citizens Centers, "The Senior Center--Its Goals, Functions, and Programs." Washington, D.C. March 1964.

As Table 7 shows, the large majority (84 percent) of self-identified multipurpose Centers offered at least three basic services: Education; recreation; and either information and referral or counseling services. Multipurpose Centers also included the highest proportion providing health services and opportunities for volunteers to work at the Center or in the community. Senior Centers and clubs within larger organizations were similar with respect to level of service; slightly over half of these programs offered at least three basic services.

Based on the last Senior Center study (Anderson, 1969), it was projected that 300-400 Senior Centers of the 2,000 then identified could be expected to expand into multiservice programs with a minimum of three services. The directory survey actually found a total of 2,739 senior group programs, including 1,793 Senior Centers and multipurpose Senior Centers, which provided at least three services.

Anderson also anticipated that programs within larger organizations would be most likely to meet the criterion of at least three services. This prediction was not supported by the directory survey; the service data on clubs within larger organizations revealed that a high proportion (42 percent) did not offer three services.

The services investigated during the study's directory phase included transportation, education, information and referral, counseling for participants, counseling for other than regular participants (outreach), employment services, health and special services to the handicapped. Table 8 summarizes the average number of services offered by all senior group programs within each service category and the specific services most frequently offered for each category.

TABLE 8: NUMBER AND TYPES OF SERVICES REPORTED

Services	Average Number of Services/Category
Transportation	2.45
Recreation	5.80
Education	3.85
Information and Referral	5.28
Participant Counseling	4.91
Outreach Counseling	4.42
Employment	1.54
Health	2.40
Special Services to Handicapped	1.55

	Most Frequently Offered Specific Service
Transportation	To center
Recreation	Arts and crafts
Education	Lectures
Information and Referral	Health
Participant Counseling	Health
Outreach Counseling	Health
Employment	Counseling
Health	Screening
Special Services to Handicapped	Transportation
Community Services	Friendly Visiting
Center Services	Serving on committees or boards

Closely related to many aspects of senior group programming were the number of sessions open reported by directory survey respondents. A single session was defined as morning, afternoon or evening. Multipurpose Centers reported they were open an average of 9.2 sessions per week; Senior Centers followed with 7.2 and clubs in larger organizations with 5.9. Independent clubs were open an average of only 2.7 sessions weekly, which tended to be

one full day or two half-day sessions each week. It should be noted that programs in urban areas were most likely to be open 11 or more sessions per week, suggesting they were open weekends or evenings; 20 percent of urban programs were open this often, compared to 13 percent of rural and 10 percent of suburban programs.

Few programs reported providing services over weekends, tending to maintain the workday-weekend rhythm to which older people became accustomed during their younger years. However, older persons' needs do not cease on Friday night and lie dormant until Monday morning, nor do other options become more available for the older population on Saturday and Sunday. Recognizing that these days are often the loneliest of all, some programs have successfully developed alternative approaches.

Senior Center Services and Activities

Respondents to the in-depth questionnaire were asked to indicate if they offered each of 12 listed services and to report the numbers of older participants who attended and those attending each activity regularly. Table 9 summarizes these data for Senior Centers. Meals on the premises drew the largest number of participants; these meals referred only to regularly available meals provided by the Center, including some Title VII nutrition programs. The number requesting information and referral services was also high, as was the number participating in sedentary forms of recreation.

TABLE 9: PARTICIPATION IN ACTIVITIES (CENTERS ONLY)

	Percent Offering	Average Number Of Older Participants	Average Number Of Regular Older Participants
Active recreation (hiking, dancing, sports, exercise classes)	55%	170	98
Creative activities (arts and crafts, drama, music, preparing bulletin/newsletter)	86	150	105
Sedentary recreation (cards, bingo, movies, spectator sports, parties)	87	249	180
Nutrition (classes and/or counseling)	50	124	72
Classes, lectures, discussion groups	63	154	93
Counseling	55	165	84
Information and referral	69	267	191
Services (employment, health, legal, library)	51	182	119
Home-delivered meals	30	68	65
Meals on premises	54	304	212
Membership-governing groups (committees, board)	64	41	34
Leadership development training	23	40	28

When Centers were asked to report the number of hours devoted monthly to each of various activities, it was found that meals on premises and sedentary recreation occupied the greatest number. These findings are reported in Table 10.

TABLE 10: AVERAGE HOURS PER MONTH EACH ACTIVITY IS OFFERED

	Hours per month
Active recreation	22
Creative activities	58
Sedentary recreation	61
Nutrition counseling	15
Education	22
Counseling	34
Information and referral	50
Other services (employment, health)	40
Meals on premises	64
Governing activities	10
Leadership development	11

There are those who have been critical of recreational services made available through Centers and clubs, suggesting that they do not warrant the development of special programs. Older persons, however, are often unable to utilize recreational facilities normally available to younger persons. Certainly crafts, trips and tours can have a meaning beyond their seeming frivolity. When sponsored by a Center, they become opportunities for peers to participate in activities paced appropriately for the group. They can represent learning opportunities for those who had little or no previous opportunity to travel or to develop hand skills. They provide opportunities for others to continue activities they have long enjoyed and wish to maintain but would find too costly to do so if it were not for the program.

Health Services

The directory data revealed an extensive array of health services provided within and through senior programs. Health services ranged from complete professionally staffed clinics operated at Center sites to informal discussions of health problems. As shown in Table 11, medical screening

was offered by 739 senior group programs, 424 of which were multipurpose Senior Centers. Immunization was available in 535 programs, while 336 groups offered physical examinations. Clinics were reported by 272 multipurpose Senior Centers, 104 Centers, 75 clubs and 60 clubs that are part of larger organizations.

TABLE 11: NUMBER OF SENIOR GROUPS PROVIDING HEALTH SERVICES AND HEALTH RELATED SERVICES

	Multipurpose Centers	Senior Centers	Independent Clubs	Clubs in Larger Organizations
Clinic	272	104	75	60
Dental	83	23	21	20
Full-time Nurse	102	24	19	12
Part-time Nurse	263	105	55	42
Immunization	315	96	65	59
Pharmacy	57	16	42	17
Physical Exams	171	64	62	39
Screening	424	165	100	50
Therapy	65	21	17	13
X-ray	54	16	22	20
Physician Part-time	94	41	17	15
Physician Full-time	1	-	1	-
Education (Health)	683	316	303	155
Transportation (Medical Treatment)	643	302	157	129
Special Services Hearing Aids	45	25	18	8
Training for Deaf, Blind	92	27	37	3
Therapy	89	44	21	29
Accommodate Wheelchairs	937	642	768	302
Non-member Counseling Health	388	167	143	87
Member Counseling Health	646	241	207	99
Information and Referral Health	1,053	516	456	236

The available data suggest that inclusion of health services as a component of senior programs has tended to be underestimated and undervalued. Clinics, physical examinations, screening and immunization programs in Senior Centers not only make these needed services more accessible to

older persons but also help to conserve the elderly's limited financial resources. Also, besides the direct provision of medical services, about 1,000 Senior Centers provided some kind of health education; about 900 provided transportation to receive medical treatment; 900 provided health counseling, and over 1,500 offered health information and referral. The extent to which Centers serve as an entry point into the health system for older people, as well as a source for preventive care, requires additional study.

Meals Programs

The directory questionnaire identified 487 multipurpose Senior Centers serving hot noon meals five or more days per week (see Table 12). Senior Centers less frequently provided extensive meals service. Since Title VII programs were not fully operational at the time of the survey, the number of sites serving meals has undoubtedly increased. It is of interest to note, however, the extent to which meals were being provided without government support.

TABLE 12: NOON MEAL SERVICE

Days Served per Week	Multipurpose Centers	Senior Centers	Independent Clubs	Clubs in Larger Organizations
1-2	176	133	180	76
3-4	57	31	12	7
> 4	487	182	40	55

In the in-depth survey, 18 percent of senior programs indicated that they were offering Title VII meals five days per week or more, though that program was new at the time of the survey. An additional 10 percent of the respondents were serving meals at least five days weekly without Federal assistance; 13 percent were serving a full meal provided by the program

less frequently than five days a week. Only 11 percent of the facilities indicated they had no meals or snacks available at their Center or club.

Almost one-third of the Senior Centers in the in-depth survey reported they offered home-delivered meals; the average Center was delivering home meals to 68 persons, 65 receiving them on a regular basis. By way of contrast, 54 percent of the Centers reported they served meals on the premises to an average of 212 regular participants.

Relationships Between Services and Other Variables

A number of analyses examined relationships between services offered and other factors associated with program operations. Among the variables frequently related to services were the number of sessions open and the area's population. More varied services and activities were available in more densely populated areas and at programs with larger numbers participating. For example, a greater number of transportation services was reported by facilities open more often; a greater variety of participant counseling services were reported by well-attended programs and those with better paid directors. The number of educational services available at Centers was related to the number of participants, the number of sessions open and the density of population of the service area. Larger Centers in urban areas tended to have more educational activities. Similarly, Centers located in urban areas provided a greater number of information and referral services; their directors were paid a higher salary, and they served a greater number of members than those in suburban or rural locations. The number of health services was also greater in Centers located in large cities and in Centers where the director received a higher salary.

3.1 INDEPENDENCE AND GOVERNANCE

An important potential function of senior group programs is maintaining, supporting and developing within each individual older person a sense of independence and control over his life. In the in-depth questionnaire, Senior Centers and clubs were asked to indicate the extent to which they agreed that programs for older persons effectively work towards each of 10 possible goals. Four goals would appear to relate to the general area of independence and governance: Fostering independence, using the capabilities of participants, promoting self-help and self-government. Almost two-thirds of the respondents indicated they "strongly" or "very strongly" agreed that senior programs promote the first three goals, while only 42 percent "strongly" or "very strongly" agreed that senior programs promote self-government.

Of the 10 goals listed, self-government was least likely to elicit a response of "very strongly agree" (17 percent) and most likely to be answered "no opinion" (11 percent) or only "slightly agree" (13 percent). Thus, while many seemed to feel that self-government is an appropriate program goal, this goal did not appear as salient for most respondents as the others listed.

The in-depth questionnaire respondents also were asked for each goal to indicate the seriousness of problems they had in working towards the goal, the extent of their progress and if they felt the program had affected participants' abilities in ways related to goal achievement. Compared with the other goals on the questionnaire, promoting self-government was <u>most</u> likely to be rated either a "serious" or "very serious" problem and <u>least</u> likely to be viewed as an area in which significant progress had been made.

Thirteen percent reported that promoting self-government had been a "serious" or "very serious" problem; 20 percent a "moderate" problem, and 67 percent as a "slight" problem or no problem. One-third indicated that their program had progressed "much" or "extensively" in the area of self-government, with 27 percent noting "much" or "extensive" improvement in participants' abilities.

The large majority of respondents indicated they encouraged participants to serve on committees and to be active in governance. Table 13 indicates the average number participating in various governance functions. The relatively large number of inactive people found at Senior Centers probably reflects both those who attend for services, not associational activities, and the many who seemingly are disinterested in associational activities.

TABLE 13: PARTICIPATION IN GOVERNANCE BY ORGANIZATION TYPE

	Centers	Independent Clubs	Clubs in Larger Organizations
	Average Number	Average Number	Average Number
Serving on governing board	14	8	11
Serving on standing committees	25	15	22
Serving on special committees	31	15	28
Voting	151	82	174
Not active at all	260	48	98

A remark describing the typical situation in many Centers was added to one questionnaire:

> I notice in working with the aged that they appreciate and are grateful for anything we do for them. Unfortunately, most of them are not self-starters and don't want to serve on committees, etc. They would rather just come and have things done for them.

Given the high percentage of Center participants from a working class background and the sociological data identifying their low participation in associational activities, it is not surprising that Centers experience problems in involving older persons in governance. Of concern is the lack of leadership development training within Senior Centers. Only 23 percent of Centers and 18 percent of all groups even offer such training. Though Senior Centers cannot be expected to fill all the deficits in older people's lives, in keeping with their own goals, this is one area in which they should assume a leadership role. The community's educational resources could be directed to this issue, and the newly trained leaders would benefit not only senior programs but the community as a whole.

3.2 COMMUNITY RELATIONSHIPS

The Senior Center's role as a community focal point for aging services has been articulated in the literature as well as in the 1973 Amendments to the Older Americans Act. An important component of that role is the extent to which Senior Centers and other senior group programs are in contact with other community agencies and organizations relevant to older persons. Not all services and activities are provided at the program site, nor need they be. A major service role of the senior program is linking with other community resources, facilitating activities and services which meet the interests and needs of older persons. The in-depth questionnaire findings are reported below. Senior Center data refer both to Senior Centers and multipurpose Senior Centers.

Senior Center Contacts with Other Agencies

Senior Centers were most likely to have contacts with local or county agencies, frequently reporting contacts with county welfare departments, local Social Security offices (some of which maintained offices at the Centers), community councils, health and welfare councils. At the time of the survey, relatively few Centers reported contacts with area agencies on aging. Only 34 percent of the 472 Centers in the in-depth survey reported directing referrals and 32 percent as receiving referrals from area agencies. Information was exchanged with area agencies by slightly over 40 percent of the Senior Centers; slightly less than 30 percent of the Centers were either sending reports to area agencies or receiving reports from them. It is expected that as area agencies become more firmly established, they will be developing extensive contacts with Senior Centers.

Serving as a Community Resource

Senior Centers, more often than clubs, served as a community resource, providing the various services listed in Table 14. Note that only four percent of Senior Centers provided none of the services. Centers most often sponsored programs for the elderly or served as a resource to other aging groups. Over half of the Centers reported that they coordinated service delivery, met with other aging groups and cooperated in joint ventures to provide additional service.

TABLE 14: RELATIONSHIPS WITH OTHER GROUPS BY ORGANIZATION TYPE

	Senior Centers	Independent Clubs	Clubs in Larger Organizations
Convene meetings of service agencies	49%	17%	33%
Convene meetings of other aging groups	61	24	44
Sponsor community-wide programs for the elderly	71	31	46
Cooperate in joint service delivery	67	21	40
Coordinate service delivery	55	21	33
Serve as resource to other community agencies	70	18	39
Train other agency personnel	31	05	13
Train students	36	06	16
None of the above	04	19	13

Fewer than half of the clubs in larger organizations responded that they interacted with other groups in servicing the elderly. Few clubs reported any cooperative efforts with other groups in provision of services.

Community contacts are important not only to develop working relationships with community agencies so Senior Centers and other programs for older persons can better serve the elderly, but also so program staff and participants can influence the development and implementation of other service programs. Over 50 percent of Center administrators strongly agreed that a major senior program goal is to promote new community services, and 68 percent strongly agreed that Centers act as intermediaries with the community.

Participant Interaction With Other Groups

Educational institutions and nursing homes or homes for the aged were the groups with which Center participants most frequently reported interaction. Though Senior Centers rarely reported cooperating with youth groups, educational institutions were a notable exception. Thirty-five percent of Senior

Centers indicated that schools sent either teachers or students to the Center; another 18 percent indicated that Center participants cooperated in other ways with schools in the area.

Thirty-seven percent of Senior Centers indicated visits to nursing homes and homes for the aged, and 14 percent reported other cooperative interaction with nursing homes. For example, the more able residents of the homes were sometimes able to attend Center functions.

Outreach Efforts

The following statement by one rural Center director reflects the need for outreach efforts:

> The elderly in this rural area long for company. Many outreach workers could be utilized. Rainy days are the worst. Many of our elderly express a wish to die. One outreach worker had three tell her this on one rainy day. Transportation is our greatest problem...Our group is mainly a service group. Meals-on-Wheels is a very important factor here.

Almost 60 percent of the Senior Centers indicated having an outreach program. During an average month, the typical Center made about 76 outreach contacts. The average number of outreach workers reported was eight, nearly all of whom were older persons.

Public Relations Efforts

Senior Centers reported uses of various methods other than "word of mouth" to inform the community about their programs, reach prospective members and keep current participants informed of the Center "calendar of events." Newspapers were widely used along with newsletters and posters (see Table 15). Television was used "frequently" as the media for contact with the public by only 21 percent of the Centers. Though the cost of television announcements

would be prohibitive to the low-budget Centers reported in this study, public service announcements are sometimes available.

The use of radio was noted by less than half of the responding Centers, though, again, public service announcements are made available. Since many older persons spend a considerable amount of time listening to the radio and some are unable to read either newspapers or newsletters, the use of the radio for public announcements concerning the Center and its services would seem worth serious consideration.

TABLE 15: PERCENT OF CENTERS REPORTING FREQUENT USE OF PUBLICITY METHOD

Newspapers	80%
Newsletters	76
Posters	66
Outreach	60
Radio	47
Speakers	43
Community bulletins	37
Recreation bulletins	33
Church bulletins	29
Television	22
Welcome Wagon	10

Competition With Other Organizations in the Community

Some researchers and some Center personnel mentioned competition from other organizations as a factor in program development and expansion. But fewer than five percent of the Centers reported any competition from adult education programs, churches, fraternal or civic organizations, recreation centers or settlement houses. About 10 percent reported that other Senior Centers' services and programs for older adults were competitive with the services they could provide. Whether these responses reflect a reluctance to criticize other organizations -- or a genuinely cooperative atmosphere among the agencies providing services for older persons -- cannot

be determined from these data. If we accept the findings at face value, they suggest that good agency cooperation exists. Such cooperation could wield a powerful force to support better community services for older persons.

CHAPTER IV: PROGRAM PARTICIPATION

4.0 INTRODUCTION

This chapter focuses primarily on the results of interviews with program users (N=528) and nonusers (N=200) during the on-site phase of the project. As background, section 4.0 presents some information from the two mail questionnaire surveys relevant to program participation.

Target Population

Since Anderson (1969) reported that Centers were serving "only" 33 percent of the target population, much controversy has resulted about the proportion of the target population that a Center should expect to serve and the percent that is actually being served. In the present project, the in-depth survey asked several questions concerning the target population served by Senior Centers and clubs. If the organization had a target population, the respondent was asked to estimate the number of older persons in it and the percent served by the program. Two-thirds of the Centers reported having a target population, most frequently over 60 years old and living within a fixed geographic area, and estimated they were serving 28 percent of the target group. In contrast, clubs frequently reported having no target population; of those reporting such a population, clubs estimated they were serving 22 percent of the target.

About half of the organizations in the in-depth survey indicated their target area was either a section of a city or town or an entire city or town; most of the others defined their target areas as all or part of a county, while some included parts of a city and a county. The average population of the city, town or county in which Centers were located was nearly 360,000; clubs in larger organizations were in larger areas with an average population

over 485,000, while independent clubs were in intermediate areas. The population of the area in which Centers were located was related to the number of recreation, education, health, information and referral services offered, as well as to the proportion of the target population served; the greater the population, the greater the number of available services. The number of services available to the rural elderly was, therefore, low.

Participants' Demographic Characteristics

According to in-depth survey respondents, Senior Center participants were most often between the ages of 65-74, most Centers reporting at least 50 percent of their participants in that age category. Though a few Centers had an age requirement as low as 45, most Centers maintained a minimum age limit of 60, and few reported participants under 50. Participants in the age group from 50-64 were also reported to be low. However, Centers reported an average of nearly one-quarter of the participants in the 75-84 age range. The reported percentage over 85 dropped to less than five percent.

On the average, whites accounted for 85 percent of the participants in group programs. Centers reported that an average of 82 percent were white; 10 percent were black; two percent were Orientals, and four percent were Spanish-Americans. Blacks were found more frequently in Centers and clubs within larger organizations, only rarely in other clubs.

In the responding senior group programs in the in-depth survey, about 75 percent of participants were women. Centers and independent clubs reported nearly one-fourth were male participants, whereas clubs in larger organizations reported even fewer men. Attendance patterns may, of course, be related to the ratio of men to women in the over-65 population and also to the

fact that widowers, when they remarry, may tend to marry younger women who could be expected to be disinterested in senior groups.

On the average, participants from blue-collar backgrounds made up 47 percent of the membership at group programs; white-collar clerical workers added another 16 percent. Professional and managerial groups accounted for only 16 percent of the participants.

About one-third of the older adults attending Senior Centers were reported to be poor enough to have difficulty paying fees if required. Clubs, however, reported that only 18 percent of their members were poor, while clubs in larger organizations reported that 23 percent of their members probably would have difficulty paying fees.

Senior group program participants included many who live alone and for whom participation is perhaps their major social activity. The average Center reported that 59 percent of its membership lived alone; clubs in larger organizations reported 52 percent, while independent clubs reported 48 percent. Five hundred seventy-four organizations reported that, for over 60 percent of their membership, the senior program is the major social outlet. Finally, the average program reported that about 10 percent were physically disabled, and about the same proportion were deaf or extremely hard of hearing.

In the directory survey, many multipurpose Senior Centers reported very large memberships, particularly true of Centers with separate facilities. However, many organizations in the directory survey did not provide information on membership size, replying they did not have a "membership" and that the facility was open to anyone over the minimum age who chose to use the facilities. Also, at many housing projects, where facilities were located within the project, all elderly residents were considered "members."

In the in-depth survey, Senior Centers reported an average membership of 658, while clubs in larger organizations reported an average of 400. Independent clubs reported a smaller average number of members, 276. The average Senior Center reported over 500 older adults participating in its program activities during a typical month.

Table 16 presents findings from the directory study on the average number of senior group members estimated to attend "daily." The majority of programs reported that fewer than 50 did. It must be recognized that these data probably reflect the number attending when activities were scheduled, rather than the number attending per day, since many programs were not open daily. For example, many clubs, meeting less often and for special events such as parties, lectures or similar functions (usually recreational), reported that over 50 percent of their membership attended "daily." At multipurpose Centers, about one-third of the membership reportedly attended daily; many Center members probably select activities they wish to attend and do not appear at the Center unless that activity is scheduled.

TABLE 16: ATTENDANCE BY ORGANIZATION TYPE

Attendance	Multipurpose Centers	Senior Centers	Independent Clubs	Clubs in Larger Organizations
Under 25	230 (19%)	186 (23%)	255 (21%)	138 (35%)
25 - 49	376 (31)	332 (40)	396 (32)	110 (28)
50 - 74	239 (20)	135 (16)	241 (20)	70 (18)
75 - 99	98 (8)	60 (7)	129 (10)	26 (7)
100 - 199	176 (15)	80 (10)	163 (13)	39 (10)
200 - 299	56 (5)	21 (3)	29 (2)	6 (2)
300 - 399	13 (1)	5 (1)	8 (1)	2 (1)
400 or over	10 (1)	4 (1)	7 (1)	3 (1)
Total answering	1,198	823	1,228	394

4.1 PARTICIPATION IN SERVICES AND ACTIVITIES

As discussed in Chapter III, the in-depth mail questionnaire survey indicated that administrators perceived their most popular or most heavily used programs to be those tending to be group-oriented or which could respond to the most people with the smallest trained staff. Meals programs were reported to attract the largest numbers of participants. The next most used services were information and referral and sedentary recreation (cards, bingo, movies, parties). The numbers dropped considerably for services (employment, health, legal, library), active recreation (hiking, dancing, sports and exercise classes) and counseling, with only half the

average number in meals programs participating in such basic Center programs as creative activities (arts and crafts, music, drama, newsletter) or educational programs (classes, lectures, discussion groups). Participation in membership governing groups and leadership development training was reported by directors as having the fewest number of persons involved.

Table 17 reports the percent of Senior Center users who said they had participated in various program services and activities; these data were obtained through personal interviews with users during the project's on-site phase. Users were most likely to report participation during the year in table games and other kinds of sedentary recreation, tours and trips, and meals at the Center.

TABLE 17: PERCENT OF USERS REPORTING SERVICES USED

	Last week	Last month	Last year	Total
Recreation	9%	7%	18%	34%
Creative (arts, crafts, music, drama, newsletter)	6	5	35	46
Table games	4	14	52	70
Nutrition	7	5	4	16
Education	14	13	9	36
Counseling	3	2	1	6
Information, referral	4	4	4	12
Special services	9	6	10	25
Meals	2	9	38	49
Governance	5	6	20	31
Leadership training	2	2	2	6
Tours, trips	38	18	7	63

Tours and trips were among the most popular activities reported by Center participants, particularly women and blacks. Some said their only reason for joining the Center was to enable them to participate in such outings. Unable to drive, often experiencing difficulty in walking and climbing stairs, these users appreciated the opportunity afforded by the

Center to "get away" occasionally, even though the tour might be only a day-long outing at a city park. Similarly, table games provide opportunities for peer interaction and enjoyable competition.

Creative activities, such as arts and crafts, music and drama, were reported most often by younger participants, with women more interested than men. Many Centers fail to provide creative activities other than musical groups, appealing mostly to elderly males who expressed a definite feeling that many craft activities are "women's work."

Educational activities (not formal education courses) were frequently reported by Center participants; over one-third of the respondents participated in one or more during the year. Health education and practical courses relating to preparation of wills, information about Social Security and other instrumental kinds of training courses were popular. Courses covered a wide range of activities, from foreign language lessons for those planning trips abroad (at the more affluent Centers) to instructions on how to apply for Social Security Supplemental Income (at lower-income Centers).

These findings support research by Hiemstra (1972), Londoner (1971) and Stanford (1972) which found that older persons are interested in educational pursuits of immediate relevance that assist them in coping with their daily needs. Only 13 percent of the interviewed users reported enrollment in formal educational programs, sometimes at the Center and occasionally at a college. These participants tended to be persons who had completed high school and had high incomes. Since relatively few persons reported participating in what they perceived as "educational programs," their reported reasons for nonparticipation may be pertinent. "No interest"

was expressed by 29 percent, more of whom were men than women; "not enough time" was cited by 23 percent, including those with higher levels of education. "Poor health" and "I'm too old for that" were reasons given less frequently. Rarely were "cost," "lack of information about programs" or "no programs available" given as responses.

One quarter of the users reported use of employment, health, legal and library services; twelve percent reported use of information and referral services, and seven percent reported use of counseling services. Users may not view informal information, referral and counseling activities as "services" and may, therefore, have tended to underreport their use of them. For example, counseling frequently was made available over a coffee cup and may not have been perceived as "counseling" by users. Participants were generally satisfied with all services offered. Dissatisfaction was indicated by fewer than five percent, but counseling was the service with which Center users were least satisfied.

In identifying their use of community social services not provided at the Center, 13 percent of respondents noted use of the local welfare department; 15 percent mentioned receiving services from the health department, though no attempt was made to determine if these services more likely would be used if available at the Center.

Opportunities that give recognition and status to participants are considered a major potential function of Senior Centers and clubs. Roles developed for older persons in membership-governance and in provision of services provide important opportunities for achieving that goal. Twelve percent of the Center participants identified themselves as being active in outreach; college graduates were most apt to be so involved. Also, 30 percent

of users stated they were involved in some capacity in the Center's governance. Involvement was directly related to the user's level of education, sex and race. One-third of the high school graduates classified themselves as "very active," while 41 percent of the college graduates gave that response; only 19 percent of those who had completed eighth grade or less were active in running the Center.

Those involved in governance were most frequently white, male participants with at least a high school education. Nearly one-third of the male college graduates reported that they had been officers; over half with high school educations or better had served on committees.

The predominance of men as officers in a participant population composed largely of women suggests that sexual biases are maintained in the upper age categories. Neugarten (1968) posited that women become more aggressive in their later years, while men become more passive. Such a phenomenon may contribute initially to the low number of men involved in Center and club programs, but the data suggest that when men do join such programs they often become active, involved leaders.

Finally, the data suggest that many Center participants would be interested in assuming more active roles in governance. Among participants who had not served on committees, approximately one-third indicated that they would like to do so. Almost half offered suggestions about activities at the Center, while well over two-thirds assisted with activities: The higher the level of education, the more they were apt to assist with activities. Simultaneously, many Center participants were not well-informed about Center governance. Though about half felt they knew who "really made the final decisions about program planning and budgeting of funds," many when queried further attributed final responsibility to the wrong persons.

4.2 FACTORS AFFECTING SENIOR CENTER PARTICIPATION

Though research has been reported on barriers to Senior Center attendance (Freedman, 1952; Storey, 1962; Tuckman, 1967), relatively little attention has been given to factors that encourage both initial and continued participation.

The user/nonuser interviews obtained information from participants and nonparticipants related to these issues. Also, the in-depth mail questionnaire sought directors' perceptions of facilitating and limiting factors. These findings are reported in the following sections.

Reasons for Attending Centers

When asked why they originally attended a Senior Center, users frequently volunteered multiple responses. Over half reported they had joined to meet others, half that the Center provided opportunities for use of leisure time. Many indicated joining because of extreme loneliness.

Upper-income and middle-income users frequently reported joining for the recreational and educational activities offered; lower-income users, more often than the more affluent, reported joining because they were lonely; men, more often than women, because meals were available at the Center. Almost 10 percent of the users reported they attended because of the available social services. The more affluent indicated they assisted in providing such services while the poor indicated that they were service recipients. Finally, nearly 10 percent said they had started to attend for some other reason, such as getting out of a house full of grandchildren, the urging of a friend or referral by a physician.

Senior Center directors' perceptions of factors that facilitate attendance tended to cluster into four areas: Good health (70 percent); liking group activities (62 percent); factors related to isolation, including "living alone"

(48 percent), "no family responsibilities" (48 percent) and "no friends in the area" (45 percent); knowing people in the area, including friends (62 percent) and relatives (33 percent). The last factor probably relates to an older person's familiarity with a given area and a tendency to utilize the resources of an area with which he or she is familiar.

"Preference for group activities," a factor cited by directors, was reflected not only in users' reasons for attending the Center but also in their behavior patterns. As mentioned, half of the users viewed the Center as a place for leisure-time pursuits, and 28 percent were particularly interested in recreational and educational activities.

Good health was not mentioned by users as facilitating attendance, though the Center's beneficial effects on poor health were noted. Knowing people in the area also was not cited, though some did comment on the role of a member-friend in introducing them to the Center. Many also noted that they sought the Center when they arrived as community newcomers. Thus, users' reports tended to confirm the impression of Center directors that having friends in the area, plus not having any, may both be associated with Center attendance.

Opportunities for Meaningful Relationships

It has long been maintained that a Senior Center's major function is to provide opportunities for meaningful relationships to replace those which have been "lost" by older persons through retirement, changing living patterns or the death of close friends and loved ones. Recent research has challenged Centers' effectiveness in this respect. Based on the findings that a large proportion of members interviewed at two Centers had few or no close friends, Poll (1972) suggested that Centers do not facilitate intimate relationships.

On the other hand, Bley et al. (1973) concluded that older persons do not come to Senior Centers in search of opportunities for social intimacy but, rather, to maintain or establish "secondary relationships" through general group affiliations, desiring to be among people in general rather than to find substitutes for primary lost relationships.

Lowenthal (1968) identified having a confidant, a person with whom one can discuss serious problems, as a significant factor contributing to a sense of well-being among older people. Users in the NISC study clearly found or maintained confidant relationships through program participation.

Thus, while 19 percent of the users interviewed mentioned loneliness as a factor in joining the Center, and 23 percent cited it as a factor in continuing participation, the conclusion that program participation may have helped many who were lonely to meet their needs is supported by the finding that 84 percent indicated having a confidant and 49 percent that a Center member filled this role. Thus, the NISC findings suggest that Senior Centers do play an important role in providing older people with opportunities for meaningful relationships.

Reasons for Continued Attendance

Users were also asked why they think people continue to attend a Senior Center. The reasons given were similar to those for joining. Middle-income whites most often cited reasons of loneliness and to meet others. Though other groups reported that Center activities provided a good reason for continued participation, blacks rarely reported that; they were more interested in affiliation with peers but did not cite that reason as often as other groups. Two-thirds of Center participants reported they had friends who did not attend the Center, suggesting that, while Center participation is important, many

participants do have other resources. However, those with less than an eighth grade education more often reported that friends also attended.

Involvement and Identification with Centers

Interviews with Center participants revealed many indications of participants' identification with "their" Center and the importance that a Center may have in an older person's life. When asked what they would do if the Center closed, over one-third said they would stay home, while 27 percent said they would spend time at another Center. Many with less than an eighth grade education said they would stay home if the Center closed; the better educated would seek other Senior Centers, while the well-educated, more prosperous individuals stated they would become more active in private clubs. Many answered simply, "I don't know."

The written word cannot convey the tone of that answer; at several times during the survey, interviewers mentioned that a tape recording of the comments to the open-ended question: "What would you do if this Center closed?" would provide the only true expression of respondents' reactions. Typical of the recorded comments were:

> I really don't know. I'd be just lost without it. It's made such a difference to me.
>
> I don't have the patience to associate with younger people. I just don't know what I'd do.

During early interviews, many respondents asked if we were going to close the Center or possibly cut off funding. After one respondent (during the first site visit) began to cry as the questions were asked, the schedule was revised to include a statement that project staff were neither evaluating the Center nor in any way associated with the funding source.

Another indication of participants' involvement was the finding that 71 percent reported they would prefer to continue at "their" Center, even if the same activities and services were available at another one. Blacks tended to be most attached to their current Centers; only four percent of all participants indicated that they would very much like to attend a different Center.

Almost half of Center users reported they had heard about the programs and services at other Centers. Of those who were familiar with other Centers, over 40 percent felt that opportunities to help govern the Center were better at "their" site, and nearly the same number felt their Center provided more opportunities for volunteer work than others. Similarly, over 40 percent reported their Center staff as more helpful than the staff elsewhere. Participants' loyalty to the director was pronounced. Even at inactive Centers whose members appeared apathetic, the participants expressed praise for the director and other staff members.

Asked if they were "really a part of the Center," about two-thirds felt that they were, while one-fourth replied that they were usually included in all activities.

One older woman working at a Center in a recreation building summarized the expressions of many: "I'm interested in this place. I really love it and the people who come here." Another active participant, not too modestly, reported, "I surely do feel that I'm part of this Center. The women say that they don't know what they'd do without me."

Barriers to Participation

Senior Center directors viewed poor health, lack of interest, discontinued support or inadequate funding, lack of public transportation or

transportation provided by the program and inadequate space as the most important reasons for nonattendance. Center participants reported inclement weather, poor health and inadequate space as their most frequent reasons for not attending as often as they would like. Center users also noted that nonparticipating friends tended not to attend because of other responsibilities (taking care of an ill spouse or grandchildren); inadequate transportation or health problems (a serious one for low-income blacks). The use of hearing aids was frequently mentioned as a handicap difficult to overcome; group activities produce noises that hearing-aid users cannot tolerate.

The questions asked of directors and users concerning barriers to attendance differed, which may account for differences in the two groups' perceptions. Directors were asked to indicate the extent to which various participant characteristics facilitate or limit attendance (e.g., physical disabilities, employment), and to rate the influence on attendance of a variety of factors (e.g., funding, location, availability of transportation, religious backgrounds of area residents, space, weather, etc.).

Center users, on the other hand, were asked if each of several problems had kept them from using the Center as much as they would like. Thus, directors were asked about limiting factors in general, including those that may account for nonattendance among regular participants as well as nonparticipation among other area residents, while users were asked about factors limiting individual attendance.

Despite differences in the relevant questionnaire items, it may be of some interest to compare the responses of directors and users. Inclement weather, which appeared as the problem most frequently mentioned by users (26 percent), was also recognized by 44 percent of the directors as an

"important" or "most important" barrier to attendance. On the other hand, while few users (six percent) indicated that the hours when the Center was open precluded their using the Center, over half of the directors saw hours of operation as an "important" or "most important" barrier.

Studies by Cutler (1972), Gelwicks (1972) and Trela and Simmons (1971) have indicated that area availability of transportation is an important determinant of Center participation; 53 percent of the directors reported inadequate public transportation an "important" or "most important" barrier to participation, while 48 percent felt lack of Center-provided transportation an important problem. Users rarely mentioned transportation problems; only nine percent cited lack of public transportation as causing at least "some" problems in attending the Center as often as desired.

Other problems, viewed with extreme concern by many Center directors, were those related to funding. For example, 72 percent felt their programs were handicapped by inadequate funds, public or private.

4.3 COMPARISON OF USERS AND NONUSERS

This section presents findings based on interviews with Senior Center users and nonusers during the NISC site visits; results of special analyses of the NCOA-Harris survey data are also included. The NCOA-Harris data were obtained from persons over 55 who had attended a Senior Center or club at least once in the last year; such an attendance pattern admittedly does not necessarily qualify a person as a Center or club user, but the findings are instructive--particularly with regard to nonusers.

Users and nonusers of Senior Center programs appear to be very different people. Supporting prior research (Tuckman, Trela, 1967), health status was the most striking difference observed. Other significant differences related

to income, marital and employment status. Differences also appeared in patterns of activity, use of time, membership and "joining" behavior and in morale or "life satisfaction."

User/Nonuser Characteristics

Data from the NCOA-Harris survey are presented in Table 18. Users tended to be older than nonusers in the survey sample. While 50 percent of the nonusers were in the 55-to-64 age range, only 28 percent of users were under 65. Also, nonusers had higher incomes than users. Almost half of the nonusers (48 percent) had incomes of at least $7,000, compared with 32 percent of the users.

TABLE 18: DEMOGRAPHIC CHARACTERISTICS OF USERS AND NONUSERS IN NCOA/HARRIS SURVEY

	Users	Nonusers
Age		
55-59	11%	22%
60-64	17	28
65-69	27	18
70-74	17	14
75 and over	28	18
Income		
Less than $1,000	02	02
$1,000 - $2,999	21	15
$3,000 - $4,999	28	21
$5,000 - $6,999	17	14
$7,000 - $9,999	11	16
$10,000 and over	21	32
Education		
8th Grade or less	36	38
Some High School	23	19
High School Grad	17	20
Some College	16	16
College Grad	08	07
Ethnicity		
Black	11	08
White	85	88
Spanish American	03	03
Other	01	01
Residence		
Urban	33	28
Suburban	19	23
Town	15	16
Rural	33	33

Income differences between the two groups appeared to be attributable primarily to differences between users and nonusers in the 55-64 range. Thus, while 19 percent of the users under 65 had incomes of less than $3,000, only six percent of nonusers had such low incomes. Similarly, though 46 percent of the under-65 users had incomes of at least $7,000, 68 percent of nonusers reported incomes at or above this level.

These findings suggest that income differences between relatively young users and nonusers may have been due to the fact that many of the younger nonusers were still employed. Analyses by age and income also indicated that, among the oldest users and nonusers (75 and older), nonusers tended to have somewhat higher incomes; 28 percent of nonusers over 75 had incomes of at least $7,000, compared with 20 percent of the users.

As Table 18 indicates, the NCOA-Harris survey did not find any noteworthy differences between users and nonusers with respect to ethnicity or place of residence. Also, the two groups did not appear to differ in educational level. But when analyses were done by age and educational level, it was found that users in the youngest age group (55-64) were less likely than nonusers to have at least a high school education; 60 percent of users under 65 had less than a high school education, compared to 48 percent of the nonusers. Also, users and nonusers in the oldest age group (75 and over) differed in educational level; users tended to be somewhat better educated than nonusers in the over-75 age group.

Twenty-five percent of users over 75 had at least some college, compared with 17 percent of nonusers. Thus, among users and nonusers in the oldest age group (75 and over), users had somewhat lower incomes but tended to be somewhat better educated, suggesting that, among the oldest segment of the

population, Senior Centers and clubs may attract people with different backgrounds than those characteristic of nonusers.

Analyses of data from the NISC sample of users and nonusers showed similar trends to those found in the Harris-NCOA data. Corroborating the NCOA-Harris data, users in the NISC sample tended to be from lower-income groups than nonusers. Fifty-four percent of users reported incomes below the poverty level for married couples, while 30 percent had incomes below the poverty level for single persons; 26 percent of nonusers reported incomes below the poverty level for married couples and 17 percent below the level for single persons.

Annual incomes reported by users were as follows: Under $3,000, 31 percent; $3,000 to $6,999, 35 percent; $7,000 and over, 23 percent; refused to reply or not sure, 11 percent. Comparable figures for nonusers were: Under $3,000, 17 percent; $3,000 to $6,999, 15 percent; $7,000 and over, 23 percent; refused to reply or not sure, 45 percent.

The large number of nonusers still working raised the average income for nonusers far above that for users. Seventy-four percent of the users were retired, compared with only 48 percent of the nonusers. Less than one percent of the users worked full time; another three percent worked part time. In contrast, 16 percent of nonusers were still working (11 percent full time, five percent part time). This discrepancy tended to validate the nonusers' frequent response of being too busy to attend a Senior Center.

In contrast to the overall results from the NCOA-Harris survey, the NISC survey found that Center users had completed fewer years of formal education than nonusers. Thirty-one percent of users (but only 24 percent

of nonusers) had an eighth grade education or less. Though an almost equal proportion of users and nonusers had finished high school (22 percent to 21 percent), only 19 percent of users had attended college or received a degree, while 29 percent of nonusers reported attending college; 12 percent of nonusers had completed college, and another five percent had attended graduate school.

Another significant differentiating characteristic was marital status. Forty-two percent of users and 46 percent of nonusers were still married and living with their spouses. However, 45 percent of users were widowed, compared with 31 percent of nonusers. Loss of a spouse has frequently been reported as one reason why an older person turns to a Center for companionship (Storey, 1962; Maxwell, 1962). Though peer relationships are cited as an important advantage of Center participation, apparently Centers are not seen as a site for the "swinging singles" of the older set; only 13 percent of users were single, separated or divorced, while 23 percent of nonusers were in these categories.

Location and Accessibility of Centers

Among nonusers in the NISC survey, 68 percent had heard about Centers in their areas; three fourths were able to describe their locations correctly. Distance from a Center has been cited as a factor influencing Center attendance (Tuckman, 1968). The NISC data tend to support this conclusion: Users in the sample were considerably more likely than sample nonusers who knew about a Center to live within a relatively short distance from the Center. Twenty-one percent of users lived within a block of the Center (including those living in the same building where the Center was located), compared with only one percent of nonusers who knew about a Center.

Similarly, 22 percent of users lived between two blocks and one-half mile from the Center, in contrast to 13 percent of nonusers. Eleven percent of users and 17 percent of nonusers lived one-half to one mile from the Center; 16 percent of users and 21 percent of nonusers lived one to two miles away; about one-third of both users and nonusers lived over two miles distant, and 14 percent of nonusers did not know the distance of the Center from their residences.

One possibility is that, in addition to distance, factors such as availability of transportation and perceptions of neighborhood safety could differentially affect Center users and nonusers. In the NISC survey, both groups were asked to personally rate the seriousness of nine problem areas, including several of possible relevance to the Center's physical or geographic accessibility: (1) the cost of public transportation; (2) no public transportation available; (3) not having a car or being able to drive, and (4) danger of being robbed or attacked on the street.

While nonusers were more likely than users to cite the cost of public transportation as a "very serious" or "somewhat serious" problem (14 percent versus 7 percent), no other noteworthy differences were found between these ratings. Thus, about one-third of both users and nonusers felt that the danger of being attacked in the street was a "very serious" or "somewhat serious" problem; about 10 to 15 percent of each group indicated serious problems related either to lack of public transportation or inability to drive.

Health Status and Medical Care

Among the nine problem areas, rated by respondents in the NISC survey, "general health" and "difficulty in walking and climbing stairs" were most frequently rated by nonusers as "very serious" problems. Compared with users,

nonusers appeared to be much more likely to be affected by serious health problems. Twenty percent of nonusers felt that general health was a "very serious" problem in contrast to only seven percent of users; 14 percent of nonusers and 20 percent of users indicated general health was a "somewhat serious" problem. Similarly, difficulty in walking and climbing stairs was rated a "very serious" problem by 22 percent of nonusers and by 13 percent of users, as a "somewhat serious" problem by 16 percent of nonusers and 18 percent of users. Thus, while many in both groups may experience health problems, the data suggest that these problems may be more serious and more limiting for many nonusers.

Center participants freely discussed their health problems--terminal cancer, recent major operations and serious heart ailments. Poor health was not necessarily a deterrent to Center attendance; instead many attended, as one elderly black reported, "to forget all my aches and pains." Center attendance sometimes seemed related to actual improvement in physical condition. For example, one interviewer reported:

> A 60-year-old man had had a stroke that paralyzed the right side of his body. A year ago, when he first began coming to the Center, he was unable to walk. Now, with the help of a cane he gets around slowly but on his own two feet. A Center bus transports him from his home to the Center.
>
> He attributes his improvement to his interest in getting out of the house to participate in Center activities. Otherwise, he would have stayed home and vegetated.

At another Center:

> The little gray-haired woman limped across the stage, proudly modeling a dress she had made in the Center's sewing class.
>
> Physical therapy in the Center's pool (few Centers are so fortunate) had made it possible for her to discard the crutches that were necessary when she first attended the Center.

About 10 percent each of users and nonusers rated the availability of medical care as a "very serious" or "somewhat serious" problem; the cost of medical care was a particular problem for all groups with incomes less than $7,000. One Center director informed the interviewer that the basic charge for a doctor's visit had just risen to $30. Another respondent in a nearby Center, who had just returned from a doctor for a blood pressure reading, reported that she had paid $17, well over 10 percent of her monthly income, for that short visit.

Income

Given the income differences discussed earlier, it is not surprising that users were more likely than nonusers to indicate that "not having enough money to live on" was a problem. Ten percent of users had a "very serious" problem with money, while another 20 percent indicated it was a "somewhat serious" problem. Twenty percent of nonusers reported it at least a "somewhat serious" problem.

Conscientious directors and group leaders hold the costs of participating in Center activities to a minimum. Even so, several participants interviewed suggested that, because of the costs, they were unable to go on trips with their peers; others found costs of arts and crafts supplies prohibitive. Their attitudes, however, tended to be positive. As one Center director explained:

> These people are very poor, but they know that they have a small retirement income, that they'll get it every month, and they are able to get some of the luxuries that they want most.

Loneliness

The large majority, both users and nonusers, indicated that loneliness was not a personal problem. However, about 15 percent of each group felt it at least a "somewhat serious" problem.

When asked if loneliness was a problem for her, one Center participant replied:

> Well, I could stay in my apartment and be lonely, or I can come here and be with friends. At our age, whether or not you are lonely depends on how much effort you are willing to make to avoid loneliness.

Loneliness is a subjective term. One extremely active, well-educated participant reported she felt that she had no really close friends and that she was indeed lonely. The extent to which loneliness is hidden by "busyness" is an area which requires further research. Poll (1972) reported on the lack of close interpersonal relations for a relatively high proportion of Center members. Bley, et al. (1973) suggested from their data that persons do not come to the Center searching for primary relationships but largely to maintain or establish "secondary relationships" in general group affiliations. Some may be lifelong "loners"; others, socially involved and active in their younger years, feel unable to cope with some accompaniments of the aging process, such as physical limitations and the need to find new sources of satisfaction. Center staff should be sensitive to these variations.

Membership Patterns

Research has consistently reported lifelong trends in organizational membership patterns: Those who are joiners continue to be joiners throughout life, and those who are not tend never to be. Senior Center researchers (Freedman and Axelrod, 1952; Storey, 1962) supported these findings, reporting that Senior Center participants tended to have been lifelong joiners. Studies that have investigated membership patterns as a factor in Center attendance have used very small samples, often from only one Center. The scope of the NISC research project made it possible for information to be gathered from a broader sample of Center users and nonusers.

Both groups were asked about memberships they held when about 35 years old and memberships held today; current memberships for users excluded membership in groups affiliated with the Senior Center. As in prior research, Center users in the NISC sample were found to belong currently to more groups than their nonuser peers.

TABLE 19: PERCENT OF CENTER USERS AND NONUSERS REPORTING GROUP MEMBERSHIP AT AGE 35 AND CURRENTLY

	Memberships at age 35		Current memberships	
Type of group	Users	Nonusers	Users	Nonusers
Fraternal or military groups	27%	19%	22%	13%
Community or recreational centers, clubs	10	5	21	2
Church	33	30	15	15
Other recreational groups	11	16	14	8
Civic groups	15	20	12	8
Professional or trade organizations	13	8	9	8

Table 19 presents the NISC survey findings on membership patterns of Center users and nonusers, showing that users were somewhat more likely than nonusers to have belonged to certain types of groups at age 35: Fraternal organizations or groups related to the military; community or recreational centers or clubs, and professional or trade organizations. Nonusers, on the other hand, were somewhat more likely than users to have been members of civic groups (e.g., Rotary, Kiwanis, the PTA, a women's club) and "other" recreational groups. Overall, users and nonusers did not appear to differ much in the extent of group memberships at age 35. Fifty-five percent of users reported membership in one or more groups at age 35, compared to 57 percent of nonusers.

However, striking differences were found between users and nonusers with respect to current group membership. Thus, 21 percent of Center users reported they currently belonged to community or recreational groups (in addition to the Senior Center), in contrast with only two percent of nonusers. Similarly, users included higher proportions who currently belonged to fraternal or military groups, civic groups and "other" recreational groups.

The NISC findings suggest that overall group membership did not change much among Senior Center users between age 35 and the present. While users were considerably more likely to belong to community or recreational groups currently than at age 35 and less likely to belong to church groups, the overall proportion reporting current membership in one or more groups remained about the same as for age 35. Thus, when asked about memberships other than in groups affiliated with the Center, 58 percent of users indicated that they currently belonged to one or more other groups; as mentioned, 55 percent reported they had belonged to one or more groups at age 35. In contrast, as Table 19 indicates, group membership in the NISC sample decreased over the years for nonusers.

The finding that overall group membership at age 35 was approximately comparable for users and nonusers, while users were considerably more likely to belong to groups in their later years, requires further study. One possibility, of course, is that the tendency to maintain a lifelong pattern of "joining" behavior is characteristic only of certain kinds of joiners: For example, people who are attracted to groups which are primarily social or recreational in nature, such as fraternal organizations, certain military groups and community or recreational centers or clubs.

Another possible explanation of differences between the NISC sample users and nonusers in current group memberships may be related to the fact that nonusers tended to be younger, were more likely to be employed and included a lower proportion of widowed persons. It may well be that as these nonusers grow older and tend to lose their work-related and close personal relationships, their group membership will more closely resemble that of Center users in the NISC sample.

Also, as discussed earlier, the data suggest that nonusers as a group may have suffered from more serious, limiting health problems than did users. If so, differences in current group membership may in part reflect the physical inability of some nonusers to participate in certain kinds of groups, rather than differential personality or character traits associated with lifelong tendencies to be either a "joiner" or a "loner."

Use of Time

To gain a better understanding of how older people should spend their time, the NISC survey asked two detailed questions about respondents' patterns of activity. One of these questions asked respondents to indicate the amount of time spent in various activities ("a lot," "some" or "hardly any"). Table 20 shows the percentage of NISC sample users and nonusers reporting "a lot" of time spent in each activity included in the question. Since essentially the same question was asked in the NCOA-Harris survey, those findings are also shown in Table 20 for comparative purposes.

TABLE 20: PERCENT OF CENTER USERS AND NONUSERS SPENDING "A LOT" OF TIME IN VARIOUS ACTIVITIES

	NISC sample		NCOA-Harris sample	
	Users	Nonusers	Users	Nonusers
Recreational activities and hobbies	49%	17%	36%	25%
Socializing with friends	49	35	65	43
Reading	41	44	42	37
Going for walks	35	24	36	23
Watching TV	34	38	34	34
Gardening, raising plants	31	24	45	41
Church activities	29	30	not asked	
Doing volunteer work	26	8	14	9
Fraternal or community organizations	22	12	33	15
Listening to radio	22	30	not asked	
Sitting and thinking	17	16	22	31
Caring for family members	13	17	27	33
Sleeping	11	10	15	15
Sports	10	5	6	4
Just doing nothing	8	14	7	12
Working part-time or full-time	5	17	17	23
Political activities	4	6	7	6

It will be seen that, in both the NISC and NCOA-Harris surveys, Center users included a considerably higher proportion of respondents reporting "a lot" of time spent in the following activities: Participating in recreational activities and hobbies; socializing with friends; going for walks; doing volunteer work, and participating in fraternal or community organizations. Nonusers in both surveys, on the other hand, tended to be more likely than users to spend "a lot" of time caring for family members, working or "just doing nothing."

The NISC survey also included a question asking respondents to report whether they had gone to various places and events during the year and, if so, how recently. Table 21 indicates the percent of users and nonusers reporting that they had been to the place or event during the past year and the percent who had done so within two weeks prior to the interview. As Table 21 shows, users were considerably more likely than nonusers to report having been to the places and events listed, both during the preceding year and the preceding two weeks.

TABLE 21: PLACES AND EVENTS VISITED BY CENTER USERS AND NONUSERS WITHIN PAST YEAR AND WITHIN PAST TWO WEEKS

	Within year		Within 2 weeks	
Places and events	Users	Nonusers	Users	Nonusers
Places to shop	94%	88%	86%	76%
Home of neighbor, friend	85	77	72	62
Church or synagogue	83	76	68	53
Restaurant	87	82	62	54
Home of relative	84	68	60	50
Doctor or clinic	88	71	32	29
Golden age club or other senior center	50	13	26	6
Community or recreation center	31	12	18	6
Library	36	29	17	13
Live theater, dance, concert	49	28	13	8
Public park	57	27	9	8
Movie	37	31	9	8
Sports event	23	17	4	3
Museum	37	28	3	3

These apparent differences between users' and nonusers' activity patterns, as well as differences in their group membership patterns, must be interpreted with caution. The findings reported here suggest the possibility that Center users may include many older people who are generally more active than their nonuser peers; more likely to belong to various groups, particularly groups with a social or recreational emphasis; more likely to participate in socially oriented activities, such as recreational activities, socializing with friends and volunteer work; less likely than nonusers to be satisfied with "just doing nothing."

While Center users may include a somewhat higher proportion of relatively active older people than is to be found among Center nonusers, no evidence suggests that the large majority of users are outgoing "joiners" and "doers." On the contrary, the evidence suggests that at least a sizeable minority of users may not be typical "joiners" nor "doers." Also, as mentioned in the foregoing discussion of group membership, observed differences in the activity and membership patterns of users and nonusers could be associated with age differences; the somewhat younger nonusers may be more likely to be still involved with family and work roles of their younger years and may alter their activity patterns as these roles change.

The NISC survey indicates users and nonusers are about equally likely to have contact with close friends and relatives living in the area. Eighty-four percent of the users and 75 percent of the nonusers reported they had close friends whom they had seen within two weeks prior to the interview (most of whom presumably lived in the area); 36 percent of users and 42 percent of nonusers had brothers and sisters whom they had seen within two weeks, and 61 percent of users, compared with 53 percent of nonusers, had children whom they had seen that recently.

It would appear that Center users and nonusers do not differ markedly with respect to contacts with close friends and relatives; for most Center participants, the lack of close friends in the area may not be an important factor in the decision to attend a Senior Center. On the other hand, being a newcomer to an area has been cited as a factor relating to the older person's initial decision to attend a Senior Center.

Poll (1975) indicated that a relatively large proportion of Center members had few or no confidants. Since providing older people with opportunities to develop friendships is seen as a Center's primary function, Poll's report was considered an important criticism of Center effectiveness. The NISC data do not support Poll's findings. Only eight percent of users reported they had no close friends, with 73 percent indicating they had at least five.

It is interesting to note that some respondents, when considering the question, frequently said their close friends were back wherever they lived in their younger years -- even though they had lived in their present location for 10 years or more. Future researchers should further develop and define the meaning of a "close" friend.

Life Satisfaction of Users and Nonusers

Some studies of life satisfaction have posited that activities and social interaction relate positively to morale; other studies suggest that life satisfaction is influenced by or closely allied to health, economic status or other demographic variables.

Life satisfaction among users and nonusers in the NISC sample was measured by 10 items from Havighurst's 18-item Life Satisfaction Index Z (Neugarten, et al., 1961; Adams, 1969). In use of the Havighurst scale,

respondents are asked to indicate whether they agree or disagree with each of several statements or are "not sure"; an overall score, intended to measure general life satisfaction, may then be derived. The Havighurst scale includes 11 positive statements and seven negative statements. To determine the overall score, two points are given for agreement with a positive statement or disagreement with a negative statement; one point for each "not sure" answer; and zero for disagreement with a positive statement or agreement with a negative statement. Theoretically possible scores on the 18-item scale thus range from zero to 36.

The 10-item scale used in the NISC survey included six of the 11 positive statements on the 18-item scale and four of the seven negative statements. Scoring procedures were identical to usual procedures for scoring the 18-item scale, except that the sum of scores for positive items was weighted by a factor of 11/6 and for negative items by a factor of 7/4, to produce an overall index (the sum of weighted scores on positive and negative items) with the same theoretical range as that for the 18-item scale.

Users and nonusers in the NISC survey differed significantly on an index of general life satisfaction. The mean score for users was 28.0 (out of a possible total of 36 points), compared to 25.4 for nonusers ($t = 2.50$, $df = 705$, $p < .05$).

TABLE 22: PERCENT OF CENTER USERS AND NONUSERS AGREEING WITH POSITIVE "LIFE SATISFACTION" STATEMENTS AND DISAGREEING WITH NEGATIVE STATEMENTS

	Percent giving most favorable life satisfaction response	
Positive statements	Users	Nonusers
The things I do are as interesting to me as they ever were	90%	71%
I expect some interesting and pleasant things to happen to me in the future	76	60
As I grow older, things seem better than I thought they would be	76	53
I have gotten more of the breaks in life than most of the people I know	73	65
I am just as happy as when I was younger	73	52
These are the best years of my life	56	27
Negative statements		
Most of the things I do are boring or monotonous	92	80
This is the dreariest time of my life	83	63
I feel old and somewhat tired	74	58
My life could be happier than it is now	57	36

Table 22 shows the percent of users and nonusers whose responses to each statement were scored most favorably on life satisfaction (i.e., the percent agreeing with positive statements or disagreeing with negative statements). Center users were consistently more likely than nonusers to give responses scored as favorable indicators of life satisfaction. These findings, of course, cannot be interpreted to mean that Center participation tends to promote or enhance life satisfaction; that is, the data do not permit causal statements to be made. Possibly Center participation does promote a more positive orientation to life. It could also be that those

who characteristically have a more positive orientation seek out ways to remain active and involved, such as through Center participation and, therefore, are more likely than others to become Center members. Only an appropriately designed longitudinal study could examine the contribution of Center participation to "life satisfaction."

Nonusers' Attitudes toward Center Attendance

Among nonusers 55 and older in the NCOA-Harris sample, 22 percent indicated interest in attending a Senior Center, while 65 percent were not interested; 13 percent were "not sure." Comparisons of nonusers who would like to attend a Center and those who would not revealed some differences between the two groups with respect to demographic characteristics. It may be useful to briefly discuss these differences and to highlight the characteristics of interested nonusers, since these findings may be suggestive of a potential Senior Center user group not currently being served, perhaps pointing to appropriate targets for future outreach or program expansion efforts.

The proportion of blacks was considerably higher among interested nonusers (15 percent) than among nonusers who reported no interest in attending a Center (five percent). Interested and noninterested nonusers did not appear to differ with respect to place of residence, age or income. But analyses by age and income indicated a trend for interested nonusers in each of four age categories to have lower incomes than those not interested in a Center. Of those under 65, 65 percent of the interested group and 73 percent of the noninterested group had incomes of $7,000 or more; comparable figures for those aged 65 to 69 were 30 percent and 40 percent; for 70-74-year-olds, 18 percent and 36 percent, and, among persons 75 and older, 20 percent of the interested nonusers had incomes over $7,000, compared with 31 percent of the noninterested nonusers.

Also, compared with noninterested nonusers, interested nonusers were less likely to have completed high school. Forty-six percent of noninterested nonusers had at least a high school education, in contrast with 35 percent of interested nonusers; this trend was maintained in each of the four age groups when analyses were done by age and education level. Thus, the NCOA-Harris data suggest that, among persons who have not attended a Senior Center, those most likely to be interested include a relatively high proportion of blacks and tend to have somewhat lower incomes and less formal education than persons of the same age who would not be interested in Center participation.

Finally, it may be of interest to examine the reasons for nonattendance given both by those who indicated interest and those who indicated no interest in attending a Center. Table 23 presents the reasons for nonattendance cited by at least 10 percent of interested and noninterested nonusers.

TABLE 23: REASONS FOR NOT ATTENDING A SENIOR CENTER AMONG INTERESTED AND NONINTERESTED NONUSERS

<u>Reasons given by interested nonusers</u>	
No facilities right here, don't know where there are any	21%
Poor health, can't get around	12
Lack of transportation	11
Too busy with family	10
Just never got around to it	10
<u>Reasons given by non-interested nonusers</u>	
Just doesn't appeal to me, just not interested, am happy/satisfied with life	23
Too busy with activities, hobbies (home, gardening, church, etc.)	18
It's just for old people, I am too young	17
Poor health, can't get around	12
Don't have the time, too busy	11

As Table 23 indicates, "it just doesn't appeal to me" was the reason for nonattendance mentioned most frequently by nonusers classified as "noninterested." For various reasons, not all persons will be attracted to Senior Center participation. No noteworthy subgroup differences were found in the proportion of noninterested nonusers who mentioned lack of appeal as a reason for nonattendance. Among noninterested nonusers, analyses of reasons for nonattendance by age indicated that "it's just for old people, I'm too young" was the reason given most frequently by respondents in the 55-59-year age group; the proportion giving this reason dropped sharply to 16 percent among respondents aged 60-64, decreasing further with increasing age. The very elderly, on the other hand, most frequently cited "poor health" as a reason; 24 percent of those 75 or older gave poor health as a reason for not being interested in Center attendance, compared with less than 10 percent of the noninterested nonusers under 65 and slightly over 10 percent of those between 65 and 74.

Among interested nonusers, analyses of reasons for nonattendance by ethnicity and place of residence revealed marked subgroup differences. For example, 46 percent of rural residents who expressed an interest in Center attendance mentioned "no facilities" as a reason for nonattendance, compared with about 10 percent of other interested nonusers. Blacks, Spanish-Americans and other minorities were also much more likely than interested white nonusers to give "no facilities" as a reason. Thirty-nine percent of blacks and 69 percent of Spanish-Americans gave this reason for nonattendance, in contrast to only 16 percent of whites.

Other reasons mentioned by at least 10 percent of interested blacks were: "Just doesn't appeal to me" (21 percent); "too busy with family" (15 percent); "lack of transportation" (12 percent), and "poor health" (11 percent). Eleven percent of interested rural residents also mentioned

"lack of transportation" as a reason for nonattendance, while 10 percent indicated they were "too busy with family," citing other reasons for nonattendance very infrequently.

The findings suggest that those who would like to attend a Center but do not do so are often restricted by factors beyond their control. Lack of facilities, no transportation and poor health are not discretionary reasons for nonattendance. Among interested nonusers, only the highest income group ($10,000 and over) frequently attributed nonattendance to "just never got around to it."

CHAPTER V: CASE STUDIES

5.0 INTRODUCTION

Descriptive case studies of the 30 Senior Centers visited during the user/nonuser phase of the study are summarized in this chapter. The Centers visited represent a sample proportional to the number of Centers responding to the in-depth mail questionnaire from the 10 regions of the U.S. Department of Health, Education and Welfare. Characteristics of the sample Centers are summarized in Table 24. The visited Centers were primarily publicly sponsored, single unit organizations, located in towns and suburbs. Their participants tended to represent a lower socioeconomic status. Other Centers visited were privately sponsored, had either private funding or a combination of public and private funding, were located in rural or urban locations, served persons within a high-or middle-income bracket, and operated with a network of services.

One case study is included in this chapter even though the interview data were eliminated from the user/nonuser analyses. This particular Center had more characteristics of a day care center for the elderly than a Senior Center; the participants tended to be so ill or handicapped that they could not take part in a typical array of activities and programs.

5.1 ANALYSES OF DIFFERENCES BETWEEN USERS OF VISITED CENTERS

Users of the visited Centers were questioned about a variety of topics, and their responses are discussed in Chapter IV. To permit further analyses, indices were developed from the responses to questions relating to each member's activity in other organizations, their contacts with others, their perceived problems and the seriousness of those problems and their life satisfaction. The computation of the average value for each index at each

Center made possible some comparisons between Centers. These comparisons were not fully investigated but represent a source of information suitable for further analyses.

Treating each group of users from a Center as a unit permitted the analysis of differences between averages for users at each Center and the averages for all users. The following discussion reports on Centers whose average scores were significantly above or below the average score on the index for the user population. Though only findings are reported below, that information when related to the case studies may suggest insights into the factors which underlie or relate to the findings, and thus have implications for Center operations.

Members of Centers 20, 22 and 23 had belonged to significantly more groups when young, while participants at Centers 16 and 17 had been least active during that period of their lives.

At Centers 6, 15, 18 and 22 members reported more memberships today than did the typical Center user in the sample. Members of Centers 10, 16 and 17 were far less active than the average Center member in attending other organized groups now that they are older.

Members of Centers 1, 15, 18, 20 and 29 participated in more activities and were in a sense "busier" than members of other Centers observed. Center members at groups 14 and 16 were the least active.

Few differences were found between Centers in the number and frequency of contacts with friends and relatives. Users of Centers 6 and 24 had slightly more contacts with others, while those at Center 23 were slightly below average in this respect.

Centers 7, 14, 16 and 17 all differed significantly from other Centers in the number and seriousness of problems reported by their members. Centers where the members reported very few serious problems included 1, 13, 15, 24 and 27.

Participants at Center 23 seemed to prefer solitary activities, while participants at Centers 2 and 5 rarely preferred activity of this type. Group activities on the other hand were preferred by those attending Centers 15, 18, 20 and 22.

Life satisfaction scores, significantly different when users were compared with nonusers (see Chapter IV), varied little from Center to Center. At only one Center were the participants considerably different from the users at other Centers; users at Center 7 had an average life satisfaction score of 21.897, significantly below the typical users' score of 27.953.

An analysis of the relationship between characteristics of Center users and those of the Center itself would seem valuable. It is hoped that future research will look into such relationships to shed further light on the complicated linkages between organizational and human behavior.

CASE STUDY #1

Community

The Senior Center selected for the first on-site visit was located in a small northern city where several recognized firms are headquartered and many in the city's work force employed by some of the nation's largest corporations. Located within an hour's drive of two major metropolitan areas, the city could not be considered a suburb of either. Diversified industry within the community made it prosperous. Liberal pension programs, providing for inflationary escalation, have made economic problems less significant for the older population of this area than for others around the country.

New buildings, serving churches, schools, library, police department and hospitals, were observed in the area. Most homes were single units; there were only a few apartment and townhouse complexes. Apartments above commercial buildings were common in the older part of the city.

Facility

The Center was located on the ground level of a renovated library, the upper levels of which serve as offices for the school district and the recreation and parks department. Originally funded by Title III, the Center is now funded by the school district through the recreation and parks department.

The Center was not identified on the front of the building, leaving a visitor to wander about the area until finding the small sign on a rear door. The facility had been repaired and redecorated by member volunteers and several areas had recently been carpeted. The entry corridor was frequently crowded; storage room for heavy wraps and boots, necessary in winter, was at the opposite end of the building. A pleasant office, furnished with several comfortable chairs in addition to the usual office equipment, was busy with participants frequently appearing with suggestions, problems or just to "pass the time of day."

A large general-purpose room was used for bingo, card parties, luncheons and as a practice area for three musical groups. One morning a week it also served as the site of a free health screening clinic. Members were proud of the piano they had just purchased for this room.

A large, newly carpeted lounge was adequate for table games, luncheons, quiet reading or conversation. Articles made by the members and offered for sale were arranged attractively in several areas of the room. Furniture arrangements contributed to the pleasant home atmosphere. The kitchen, though adequately equipped, was too small to permit any quantity cooking for a nutrition program. It is used for preparing coffee and storing food for popular covered-dish dinners. A small room for television viewing, seldom used, was the only area in the Center not accessible to wheelchairs.

The craft area was busy. Storage was not concealed, but otherwise the room was adequate. No unusual equipment was available. Restrooms, well-equipped for handicapped adults, were small and tended to become crowded

before lunch. The auditorium, sometimes used for program presentations, was on the third floor of the building, definitely making it inaccessible to those who could not climb stairs. Emergency exits required the use of hazardous fire escapes.

Staffing

A limited number of staff members were coordinating the activities of several active groups simultaneously. The director, who was willing to listen to participants, take part in activities, plan for the future and cooperate in performing less pleasant tasks, made this Center a viable one. Assisted only by a part-time secretary, the director of parks and recreation (whose role was primarily supervisory) and a volunteer physician, the director found it necessary to arrive at 7:30 a.m. to prepare for the arrival of participants at 9 o'clock. The director's enthusiasm and friendly attitude were reflected by the participants.

Governance

Center operations were under almost complete control of the director, in turn supervised by the recreation and parks director. Though the director indicated a willingness to have members participate in Center governance, she had found that self-governance resulted in little action. Because of the Center's organization into many clubs, the officers of those units had ample opportunity to offer suggestions and assist in Center direction.

Program

Music and sedentary games predominated at this particular Center. The members enjoyed providing entertainment for school groups, other Senior Centers and community groups. All activities except crafts drew a large number of men.

In addition to the entertainment, members, as representatives of the Center, delivered meals to the homebound. Many assisted charitable groups and were encouraged to become active. Activity of the elderly was stressed. The director's philosophy was: "An active adult is a healthier adult."

Community Relations

The Center interacted with numerous community agencies and promoted many communitywide programs for the elderly.

The director maximized these community linkages, cooperating with nursing homes, church groups and the Red Cross. Not only were participants active in the Center's outreach program but, due to the director's encouragement, many Center participants attended city council meetings where they voiced their opinions.

The Center made frequent use of news releases, a newsletter, community and recreation department bulletins, public speakers, radio and television, giving the Center much visibility. The Center was also successful in promoting new community services, acting as an intermediary with the community for development of these services.

Problems and Comments

Parking might have been a problem at this Senior Center. Of the few free parking spaces in the downtown area, most were reserved for Center use. Meters at a large parking lot across a quiet street from the Center were being readjusted so that participants could attend activities without interruption. Though the cost was minimal, it may have posed a problem for those on small incomes.

The recreation director and several members mentioned that a larger, newer facility would permit better storage space, greater attendance and a wider range of activities; however, most members seemed grateful for the facilities that were provided.

Community

In the inner city of a manufacturing area in the nation's northeastern region, a multipurpose Center, partly sponsored and funded by several churches, was the chief provider of services and activities for older people. Non-denominational and well-integrated racially, economically and ethnically, the Center also lent administrative support to clubs that met in churches throughout the area.

The majority of Center participants were from blue-collar, labor backgrounds and resided in older declining neighborhoods surrounding the downtown Center. Row houses, run-down single-family dwellings and apartments over commercial establishments filled the area around the headquarters building.

Transportation to the Center was available on city-owned, dial-a-bus vehicles, and a public transportation route passed the front door. The main Center and churches used on occasion were located within comfortable walking distance of the residential areas where many members lived.

Seventy-five percent of persons served by the Center lived alone. Ninety percent of the participants were from ethnic backgrounds that have traditionally continued to communicate in a native language, and several members still encountered difficulty with American customs and/or language.

Though the age requirement for membership was 60 years or over, younger disabled persons could join the Center. The younger group accounted for 15 percent of the total membership, presenting a challenge because the program served an age range spanning over 45 years.

Facility

Though activities were held in eight inner-city churches, the focal point of all activities, services and staff offices was one church in the inner-city area. The main Center was easily recognized by a large sign clearly visible from the street. A bus stopped in front of the Center; the area around the facility was level and well-maintained. Parking was limited to eight vehicles. Lighting from the parking lot, supplemented by street lighting, created a safe, inviting atmosphere during evening hours.

Double doors opened into the Center from the adjoining parking lot. However, a number of rather steep steps led down into the Center itself, a formidable barrier to the physically impaired. At the bottom of the stairs, an open foyer area could have accommodated wheelchairs and, with proper furnishings, could have served as a comfortable lounge for participants from various organized activities or drop-ins.

Proceeding into the Center's all-purpose room, one encountered a reception desk staffed by a senior participant. The all-purpose room was partitioned for offices. The director's office had a glass window through which one could view the activity room, and the assistant's office opened

into the room. Space constraints made it necessary to store materials, printing machine, files and other equipment in the assistant's office.

The all-purpose room was comfortable. But, the furnishings were arranged in a large rectangle rather than in small groupings that would have contributed to spontaneous interaction or parlor-type games. A showcase displaying items made by participants, shelves for books and magazines and a desk for the volunteer secretary completed the room's furnishings. A small stage at one end of the room, only one step up from the main level, was utilized for group activities, singing and music.

Staffing

The Center was administered by an executive director, who reported to the board of directors. Two professionally trained staff members were assisted by approximately 200 volunteers, two teachers paid from local board of education funds and a program aide funded by Title IX. The staff was responsible for providing services requested by the clubs, removing them somewhat from direct involvement in activities with participants. Administrative details appeared to require all of the director's time and attention.

Governance

Governance of the Center was provided by a board of directors comprised of elected representatives from the inner-city churches. Fifty percent of the directors were senior citizens, and numerous older persons served on committees, expressed opinions and voted on senior program issues.

Program

While varied program offerings were available, and both active and sedentary recreation drew interested and willing participants, activities were secondary to services. Counseling, information and referral and supportive social services received the major emphasis. Lectures and information on a wide range of subjects, including housing, transportation, health and nutrition were provided at the Center. Preventive health services, such as eye examinations, were also available, though the Center's major health role was referral to the appropriate service agency.

The Center had an unusual arrangement, in that Center participants functioned as a club organized to assist the program staff in carrying out the Center goals. The club, which had an open membership and token fee, had a two-part goal: To provide leadership for and to render financial assistance to elderly programs whenever possible. The club and its emphasis on leadership development training could account for the unusually large number of older participants, who remained actively involved in committee work and other decision-making activities.

Community Relations

An important activity conducted by the Center was a program in which 15 older persons functioned as outreach workers. Participants assigned to outreach duty contacted members who were ill, or had become shut-ins, by personal visits or telephone calls. With such a well-organized system to

contact members, potential for unlimited growth and development appeared to exist. The service could be expanded to other older people as a means of locating and identifying isolated or hard-to-reach older persons, as a friendly visitor service or even as a city-wide telephone reassurance service.

Problems and Comments

Both staff skills and potential for community organization appeared to be underutilized. Last year saw a 25 percent increase in membership, which the staff attributed to program variety rather than to community organization, outreach or other concentrated efforts. Even with the substantial increase, however, the Center was reaching only two percent of the total elderly population in the city.

Numerous people came only to sign up for trips and tours and did not remain in the building. Their reluctance to remain could have indicated a need for more organized group activities within the main Center. Meals and snacks, a seemingly perfect answer to group programming, were never scheduled at the Center, and staff initiative or assistance in this area appeared lacking.

The Center personnel policies provided incentives for staff members to participate in training, education and professional development seminars. Staff incentives, along with good potential for community linkages and/or development of support, would indicate that more creative programs could be designed and implemented within the Center to attract and serve a greater portion of the elderly community.

The Center participants were a lively group, with varied interests and great pride in their Center. The site appeared to be bursting with potential for far greater involvement in and service to the community.

CASE STUDY #3

Community

The multipurpose Center, located in the heart of a small city in the Midwest, was supported by general farming and livestock and greatly benefitted from nearby deposits of natural gas.

The public transportation route provided service within four blocks of the Center, with service to the door to be available when planned route expansion was completed. Senior citizens with passes could use public transportation at no cost.

Community facilities were within a seven-block radius of the Center. The surrounding commercial area made shopping and a number of necessary services accessible by walking or by public transportation from the Center, though inadequate transportation prevented some older persons from attending the Center or allowed only infrequent attendance.

The Center, which served approximately 600 older persons or 17 percent of its target population, was well-integrated economically and socially, with attendance from labor, professional and managerial backgrounds. The Center had not been aggressive or successful in racial integration and did not serve the minorities.

Ninety percent of the participants lived alone; the majority attended the Center activities as their major nonfamily activity.

Facility

The Center was housed in a renovated, multilevel structure where limited space hampered program expansion. The top level of the facility was devoted to administrative offices, a possible barrier since staff members were removed from the participants.

The main level contained a lounge area with a television set, a multipurpose room and a kitchen-dining area. Group activities, such as a party or dance, filled that area to overflowing with less than half the membership and/or one-fourth of the regular participants. An unfinished basement area could be used only for games such as shuffleboard or pool, or as storage.

The main level had been comfortably and attractively furnished, decorated by donations from both participants and the community. Comfortable chairs and sofas made the lounge area an inviting space where participants could rest between activities, chat with peers or initiate cards or table games while still feeling a part of the scheduled program. Though television was available, participants indicated a preference for companionship rather than tv viewing. As space allowed, the furniture had been arranged for both comfort and interaction.

Staffing

The Center's director was a full-time city recreation department employee assigned part-time to Center activities. Five part-time staff members, five volunteer staff members and three students composed additional staff support.

The professionally trained director and on-the-job training offered at the Center should have provided an atmosphere where staff members and volunteers could have organized activities and services to reach a far larger number of older persons within the city. The Center did not offer incentives such as paid professional memberships, attendance at professional meetings or salary increase after training, and these omissions may reflect the staff's complacency regarding professional growth and development. Staff appeared to be more involved with administration and maintenance of the Center than with programming or interacting with participants.

Program

The Center was supported with public funds, administered by the recreation department.

The internal functioning, under the general direction of the city recreation department, operated within the confines of a senior club constitution that required members to be 55 years of age or older and to pay a nominal membership fee. The club aimed to help:

-in the promotion, direction and supervision of recreational activities for the city's senior citizens

-all senior citizens, regardless of race, color or creed

-all senior citizens regardless of their economic status

Though the stated objectives were somewhat limited, the Center had expanded its goals beyond provision of recreational activities to offer both social and community services.

Center programs concentrated on creative activities and sedentary recreation. The same group of individuals attended for lunch each day, enjoyed table games, arts and crafts or a movie before or after the meal. Trips and tours were well-attended; active recreation was noted as the program most difficult to organize and administer.

Services offered included preventive health services, such as hearing and blood pressure checks, and a job placement and job training service. Additionally, there was a program for employment with a nearby mental health program, where senior citizens cared for older mentally impaired individuals.

A Title VII meal program serving approximately 50 older participants five days per week also operated from the Center.

Community Relations

The Center had limited interaction with nursing homes and homes for the aged. Otherwise, community linkages appeared to be minimal. There was no formal outreach program, and the staff indicated that acting as an intermediary with the community and promotion of new community service were problems.

Problems and Comments

The Center made good use of various public relation techniques in attempting to convey information about the program to older persons in the city. While stressing communication directly with older persons, the Center may have neglected to use community agencies and organizations and their professional staff as important community linkages and information and referral resources.

CASE STUDY #4

Community

The Senior Center was located in a small midwestern town, often referred to as a "wheat capital," which served as the seat of a large rural county. An interstate highway, two U.S. highways and main lines of two railroads crisscross the town and surrounding countryside.

In addition to farming, the town was the home of approximately 30 diversified industries. Though located within an hour's drive of two large metropolitan areas, the town remained a discrete area and was not a suburb of either. Economic problems were made less severe for the older population because low-cost housing, liberal retirement benefits (from railroad and other unions) and supportive families all supplied financial aid for less-fortunate older persons.

Community services such as hospitals, library, police department and community center were observed in new or well-equipped buildings within a few blocks of the Senior Center. The housing inventory included single family units, an occasional apartment over a commercial establishment in the heart of town and a rather new apartment complex with condominium-type units.

Public transportation was not available in the rural setting. Unless older persons drove their own cars or rode with others, they could not attend the Center.

Facility

The Center was located in the front ground level of a low-rise housing structure for senior citizens. The facility was constructed in 1970, when it was decided to limit functional lounge space in an effort to increase living space in each apartment within the complex. Part of the ground level, plus the upper two levels, served as one-and two-bedroom and efficiency apartments for persons aged 62 and over. Administrative offices, laundry facilities and service areas were also on the first level.

The entry corridor, carpeted with a nonskid surface, opened with double-pane doors. Immediately on entering the facility, one could deposit heavy wraps and proceed directly into the lounge area or to the administrative offices, a warm, inviting atmosphere enclosed with glass.

The Center's main room was a fairly large lounge area containing a pool table, numerous comfortable sofas and chairs, bridge tables and all-purpose conference or dining tables. It served as a meeting place for coffee, games, cards, luncheons, band practice and just "passing the time of day." A television set had been removed from the lounge since "no one watched it." Two days weekly a free health screening clinic was offered in an office adjacent to the lounge area. Center participants could congregate in the lounge and enjoy the activities while awaiting turns in the clinic. Books and magazines were provided. Quiet reading or conversation could be enjoyed in the fringe areas, while games and crafts were under way in the remainder of the room. Articles made by the members and offered for sale were attractively displayed in a showcase in the Center's entrace hall. The lounge was also equipped with movable partitions and could be divided into several small meeting or game rooms.

A small adjoining kitchen could be closed off by a sliding partition. While the kitchen was adequately equipped, it was too small to allow meal preparation for a nutrition program. The kitchen was used to prepare daily coffee and to keep food for potlucks warm. A connecting door led into a ceramic room equipped with a firing oven, tables for molding and painting and bins for storage.

Staffing

Due to lack of funds, the director served only on a part-time basis. In addition, two public health nurses were available at the Center six to eight hours per week.

Governance

Decisions about the use of the facility were made by the housing authority; participants were encouraged to organize social fund-raising activities and to request additional services. There appeared to be open communication as to the needs and wishes of the Senior Center participants, both from the housing facility and the community.

Program

The Center was started with Title III funds. When they were no longer available, the Center continued an active program but could not expand because the space was being utilized to its maximum potential. With the help of the housing authority and community contributions that paid one staff person a token salary, the Center has managed to continue its program.

The Center provided creative and sedentary recreation programs, with stronger emphasis placed on counseling and information and referral services. Social meals served one or more times per week in the dining/all-purpose room were the most popular activity. Meals were arranged by a committee and specific dishes assigned to participants. If a participant could not prepare a meal for any reason--physical impairment or lack of kitchen facilities--he would pay for the meal in lieu of a food contribution. The social meals had been judged as the most successful and enjoyable activity by the participants because of the varied social contacts--people drove miles from outlying communities. In addition, they provided volunteer opportunities for individuals to cook, serve, set up tables and work on the arrangements committee. All participants had a variety of options in choosing how to serve their peers.

The Center staff conducted an ongoing evaluation of the needs and wishes of Center participants and made concerted efforts to provide what the staff termed "little" services, adding to the comfort and pleasure of Center attendees. A coffee "get-together" began at 8:45 a.m. each day for residents of both facility and community. The main group met for coffee from approximately 9-10 a.m., and one trained member gave neck and shoulder massages. A public library service was also available in the building to fill requests for specific volumes.

The Center staff had initiated a mobile meals service for those unable to prepare meals. The meals service, social and physical services, plus

assistance from peers and staff, allowed older people to remain in the housing section of the facility and participate in the Senior Center activities. These participants could not have functioned independently in the absence of Center services and would have been forced into institutional living.

Community Relations

The Center had involved the resources of local agencies only minimally in its program. But the director exchanged information about the program with Federal, state and areawide offices on aging and made referrals to local and county agencies.

Though news releases and radio had formerly been used to convey information about the program to the community, limitations of facility and staff made continuation of the practice undesirable.

Problems and Comments

The Center director was acutely aware of the need to serve more older people or branch out into a satellite operation. She had been reluctant, however, to publicize events or activities that were already drawing as many participants as could be comfortably or even safely served in the facility. Assistance or funds to allow expansion did not appear to be available from the local community. Because of limited funds, the Center was in danger of having to restrict activities and services to just the residents of the housing facility.

The Center had received statewide recognition for the manner in which it met the needs of older people. Though the program was at a reduced level due to lack of funds and a full-time director, it was making a significant contribution to the lives of its members and had the potential for doing so for many other older persons in the rural community.

CASE STUDY #5

Community

A recreation department-sponsored Senior Center was selected to visit in a small western city. The city, only a short distance from a major urban area, could be considered part of a megalopolis. A large retirement community was within five miles of the community's central shopping area.

The Center was situated in a small park and conveniently close to stores and community facilities. The surrounding area was half commercial, half residential, with many small apartment complexes nearby. A senior citizens' apartment building was within a short walking distance, and many of the members lived there or in other nearby buildings. This created a close community atmosphere, in which seniors lived near each other and near enough to the Center to incorporate both the Center and friends into their daily lives.

There was no public transportation in the city, and those who did not live nearby either drove or used Center transportation--a minibus constantly in use. It transported members not only to and from the Center but also to and from the doctor, shopping etc. The minibus was invaluable, since public transportation was a major problem.

Membership was open to all city residents over 50 years of age. Members were also accepted from specified fringe areas. Space constraints prevented open membership to all areas surrounding the city boundaries. City residents paid dues of $2.50 per year; noncity residents, $3.50 per year.

The Center membership was approximately 815 persons, with an additional 300 nonmembers utilizing the facility. The Center was open without charge to all members and guests and all visiting seniors. The overwhelming majority (80 percent) were in the 65-75 age group, from managerial, professional or white-collar/clerical backgrounds. As a result of city housing patterns, 99 percent of the participants were white. Eighty percent of the members lived alone, and the Center was utilized as the major nonfamily activity by 75 percent of the membership.

Facility

The Center was housed in a bungalow, expanded by adding school rooms to the existing facility. The school rooms had been recycled from a school district no longer in need of them for their original purpose. There was a special ramp entrance for the disabled, though the bathrooms could not accommodate wheelchairs. The parking area was small and inadequate, especially since many people drove to the Center.

The facility's size greatly limited the kinds and number of programs offered. The physical layout consisted of a comfortable lounge/television room, a multipurpose room, a pool room, an extremely small kitchen, two offices and two restrooms. Activity was constantly flowing throughout all the rooms, and members were as much at home in the offices as they were in the lounge. Participants and staff members made good use of all available space; the older people enjoyed and benefited from the available programs. The Center's ultimate goal was to obtain a larger facility so that services/activities could be expanded and the older people in the city better served.

Staffing

The Center was administered by a professionally trained supervisor appointed by the city recreation department, assisted by two part-time paraprofessionals and one part-time clerical staff member. Approximately 30 volunteers could also be called on to assist in staffing. The volunteers helped in many aspects of Center functioning, such as receiving and organizing telephone requests for bus service, driving the minibus and assisting in office work. The supervisor and her paid and voluntary staff were constantly busy with administration, programming and interacting with the participants. She often worked into the evening hours with the seniors, though she was expected to work only 30 hours a week with the Senior Center program, since she also supervised five other projects in the city recreation department.

Governance

Since the sponsoring agency was the city recreation department, decisions on policy and funding were made by that agency. The Center bylaws set up an advisory board, comprised of officers elected by the Center members and chairpersons appointed by the supervisor. The board had the responsibility to implement various organizational procedures; most of their decision-making appeared to be closely tied to the advice and approval of the supervisor. Though there was an organized committee structure, the members' contributions were primarily directed to carrying out functional duties. Participants themselves perceived the supervisor as the Center's leader and decision-maker. Though definitely involved in the governing structure, the leadership skills of the participants were underutilized.

Program

Activities were heavily concentrated in sedentary recreation, though other opportunities were available. The women were working on items for an annual bazaar--sewing, knitting, etc. The men were primarily playing pool and cards. Some members were responsible for creative projects, for example, one member had organized a TV spot specifically for seniors, an attempt to reach older persons in the community, shown once every two weeks on a local station. Another group attended the state legislative sessions and other functions to represent older people on legislative issues.

Center services included informal counseling and information and referral related to health, housing and legal issues. The Center's minibus provided a needed service. Volunteers received requests for rides by telephone and organized the bus schedules one day in advance. The bus driver was a member, who felt he could contribute to the well-being of his fellow members by helping in this way.

Just prior to the site visit, a local civic club gave the Center a TV set, making it possible for the Center to view a special movie station. Several members were busily organizing "movie evenings" as a part of the program. They were excited about the addition, since many were alone in the evenings with little option for social activity.

The supervisor's other projects in the city recreation department proved to be advantageous for the seniors. One of the groups was a teen group, and an intergenerational program was organized between the seniors and the teens. The two groups had not met together too many times at the time of the site visit, but the interaction of older and younger people could be a great asset to the community.

Community Relations

Both the program and its supervisor seemed to be well-recognized in the community. Newspaper releases, radio announcements, church and community bulletins and a recreation department newsletter, plus the TV spot, were utilized to inform older people and community groups and resources about the Center.

Some members performed services to the community, such as sewing clothes for nursing homes and mental hospitals, making Christmas stockings for county hospitals and visiting nursing homes. The intergenerational program had the potential to integrate more seniors into the community.

Problems and Comments

Space was a problem often mentioned by members and staff. The Center was in the process of attempting to get a new building with more space so it could expand services and activities. Transportation was a problem partially solved by the minibus, but there was still a great need for seniors' adequate transportation.

The Center supervisor seemed strongly to support the concept that a program should be involved with all aspects of the members' lives. She did not limit the program to recreation but showed constant effort and enthusiasm to obtain and incorporate new ideas to keep the Center growing and responsive to members' needs. But the supervisor was kept so busy attending to administrative and individual members' problems that she had little time to spend encouraging and developing the members' leadership potential. A greater use of members in leadership roles with more responsibility for Center functioning would have eased the work load. The participants were kept busy performing tasks. They did not have nor had they sought any decision-making power. Members mentioned they enjoyed the social atmosphere provided by the Center. They also spoke about their ability to find help within the program, primarily through the director herself. They seemed aware of the resources available to them and confident in the knowledge that they could turn to the director should help be needed in obtaining service. Yet, the ability of the members themselves to assume leadership roles, not only in running their Center but in presenting the Center's point of view to the community at large, was underdeveloped.

CASE STUDY #6

Community

A renovated building one-half block from a "main" street lined with shops and restaurants served as the Senior Center in a small northeastern industrial city. The Center, developed from a club structure that began almost a quarter of a century ago, has now become a tradition for some older persons within the community.

The Center did not provide transportation and was situated five blocks from a public transportation route. The surrounding area contained industrial, commercial and residential buildings. Shopping and community facilities were accessible by foot within an eight-block radius.

Immigrants attracted by industry were part of varied ethnic groups--Lithuanian, Ukranian, Italian, Polish and Scottish. All of these groups were well-represented at the Center and intermingled comfortably. Open since 1971, the facility housing the Center also served as a youth recreation center during the evening.

The individual clubs comprising the Center reported a membership that was 99 percent white and from a blue collar/labor background; providing a certain homogeneity in spite of the varied ethnic strains. Such solidarity offered tremendous potential for organization, leadership development and community service. Instead, apathy and feelings of inadequacy, perhaps resulting from lifetime patterns of hard work with little leisure, led to erratic participant attendance.

Facility

The Center was housed in a multilevel, renovated facility, formerly a jewelry store. The main area, referred to as the all-purpose room, was on the ground level. One corner was partitioned off to serve as a lounge, with a color television available for participant use. An inadequately equipped kitchen was at one side. The lower level consisted of a small card-playing room, a large pool room and a ceramics room equipped with a kiln. Storage space was also on the lower level.

Furniture was arranged daily, depending on which meetings were being held. When no meeting was planned, seating appeared inadequate, as furniture was not set up to accommodate informal groups.

Ample street parking was available for participants who drove to the Center, though it was not completely accessible to participants in wheelchairs.

Staffing

Two part-time on-site coordinators opened and closed the Center and remained on the premises. Part-time recreation directors, one of either sex with offices in another building and responsibilities in other departments, administered the Center. Location of the staff offices in another building limited interaction with participants and may have seriously hampered growth and development of the program. Though both staff members were professionally

trained in recreation, and the agency offered varied staff benefits that included on-the-job training, paid professional memberships and attendance at meetings, staff members had not availed themselves of training in the field of aging.

Staff members expressed a need for expanded facilities and an outdoor recreation facility to allow both active and sedentary recreation. Planning for a more varied or dynamic program, social service, community service or educational components did not appear to be considered if facilities were expanded.

Governance

The various clubs that met at the Center were formed within a constitution and by-laws and dedicated to recreation, inspiration and service to others. Membership was open to all city residents aged 50 years or over, with a nominal annual dues payment.

Club members/Center participants were restricted from political action, earning money for the Center or soliciting funds for the Center by the umbrella agency. Such restriction was not a characteristic of other Centers that function under similar auspices, indicating the need for a redifinition of roles by the sponsor, Center and clubs.

Program

The Center was funded, staffed and governed by the city recreation department, with all activities segregated by sexes except tours and trips. A male group leader for men and a female group leader for women reported to recreation center directors of the same sex, who in turn reported to the city's superintendent of recreation.

Programming at the Center was recreation-oriented, with hearing and eye examinations the only services available. Activities were provided by the individual clubs to groups of older persons segregated by sex. Participants attended the Center on the days designated for their clubs to conduct business meetings, and the majority left immediately thereafter. The clubs invited each other to participate in specific functions but were sexually segregated on these occasions, with the exception of trips.

A major reason for the club structure was the building's occupancy limitation. It could not possibly accommodate all regular participants, so the older people had to meet in smaller groups to allow a maximum of different individuals to take part in the total program without overtaxing the facility on any particular day. The arrangement meant the recreation hall was a meeting place only for people with similar interests. For the most part, the participants managed their own clubs and served their membership as needed.

The clubs' constitutions and by-laws stipulated that one day each month would be devoted to community service. But, except for a project to sponsor retarded children, service to the community or older peers was not emphasized by staff or considered by the majority of the clubs.

Community Relations

Forming linkages with other agencies in the community, and making the community more aware of or responsive to the needs of older people, did not appear to be this program's major focus. Public relations efforts were confined to bulletins in the sponsor's news organ and bulletin board notices.

In responding to the in-depth questionnaire, the Center administration indicated problems in providing services that promoted self-help and self-government, in acting as an intermediary with the community and an agent of change. Recognition of these problems could be the first step in a concentrated effort to seek out and interact with community agencies and organizations providing services and opportunities to older people.

Problems and Comments

The Center attracted only about 500 participants, fewer than one percent of the city's older residents. Inadequate transportation, lack of staff involvement and creative programming and limited space were all factors in declining or erratic attendance. The city's size and the existence of ethnic enclaves would indicate a need for an outreach or mobile program, or satellite, or minicenters, to reach more elderly people.

Participants expressed a desire for entertainment and companionship; they organized individual card games in a storage room, attempting to create their own activities. No meals were served at the Center. Potluck dinners, sack lunches with drink and dessert provided, full meals, soups and dessert or coffee and salads have universal appeal--and such social events might stimulate interest in new programs and revitalize routine club meetings.

Individual clubs had officers and committee structures; such leadership and solidarity could yield potential for leadership development classes and volunteers to staff satellite centers and outreach programs of visits and telephone calls.

CASE STUDY #7

Community

In a remote section of an industrial park of a large northern city, an active Senior Center functioned under unusually adverse and trying conditions. Formerly used as a storage room, the basement of a building owned and operated by the local housing authority housed the Center. High-rise apartment buildings, sprinkled among dilapidated single family and row houses and a nearby public housing development, were the only residential areas even remotely close to the Center. Crime was reported as very high in the area, as a result of the isolation and industrialization of the surrounding region.

Public transportation routes brought service to within one-half block of the Center. However, a number of participants noted that physical disabilities prevented them from walking uphill to the bus or upstairs for subways. Shopping was available within two blocks of the site, and other community facilities were within a four-mile radius.

Almost without exception, participants were residents of the adjacent public housing development. One-third of the participants, an unusually large percentage, were men. Sixty-five percent of the participants lived alone, and the Center was the focal point of their lives. The group had a homogeneous, predominantly blue-collar/labor background.

Facility

The Center space, consisting of an all-purpose room, kitchen and dining area, was attractively decorated, and a variety of informative materials was posted. A ramp sidewalk from the parking area to the Center made a convenient approach from the housing area.

Staffing

A professionally trained director was assisted by five part-time staff members. Encouragement from the staff and staff/participant rapport was apparent. Unfortunately, endless administrative details placed severe limitations on the staff, and little time remained for interaction with participants.

Governance

The Center, supported by public funds, was administered through a department of the city. Older participants, serving on both a governing board and standing committees, made decisions on activities and services. After due consideration of the comments of older persons, budget and policy decisions were rendered by the umbrella agency.

Program

The Center, oriented to the community as well as to public housing residents, had an informal goal--"to provide for nutritional needs and help preserve mental health through the provision of useful recreation." Activities were

confined to arts and crafts and other sedentary recreation. These limited offerings resulted from an attempt to function within the small facility coupled with the advanced age and limited physical capabilities of participants.

The only outreach was the entertainment of shut-ins by participants. Staff and participants recognized a community need for outreach, but concern for overcrowding prevented implementation.

A Title VII meals program served food on the premises and mobile meals. Services were heavily concentrated in information and referral and counseling. The counseling service and meals program attracted people to the Center, where they found opportunities for companionship and an atmosphere in which talents and capabilities could emerge or develop. Staff members were united in an effort to encourage self-help and self-government and to provide leadership training "to compensate for the lack of education" expressed by some participants.

Community Relations

Community linkages were minimal. This lack of information-sharing and interaction with agencies, organizations and professionals possibly accentuated the space problem and administrative burdens of the staff. Cooperation with community agencies or an existing Senior Center, or the development of satellite or minicenters, might be solutions to the overcrowding in the Center. Another alternative would be to continue services at the present location and to schedule activities in an accessible public/private building.

There was no formal strategy for publicizing the Center's program and activities or needs. This might explain why the community showed little interest in providing an adequate facility.

The Center had no written goals or objectives. The need to clarify and formalize its role, function and worth to older people and the community was noted. An inability to articulate clearly both needs and benefits had undoubtedly hampered the Center's growth and development.

This Center had the potential to be an important resource for older people in this area. Remoteness of the area, proximity to a high concentration of older people, staff/participant rapport, congenial working members and pride in Center were all present at this site. The thrust for the development and expansion of the Center might come from the members if they could be encouraged and motivated to play a greater role in administration of the program.

Problems and Comments

No efforts were made to increase attendance, since more older persons utilized the Center daily than it could comfortably accommodate.

The Center director and the umbrella agency were aware that inadequate space and congestion aggravated conflicts and tensions. Relocation to a larger building in the same area was under consideration. The Center director appeared experienced in group dynamics and was adept at dealing with conflicts which arose out of the congestion and overcrowding. Both staff and participants indicated space kept people from attending the Center regularly.

CASE STUDY #8

Community

The Center was located in a small city on the West Coast. Favorable weather, an abundance of recreational sites, the general environment--clean air, low crime--have led many older people to choose the area for retirement. In fact, a large number of the Center members had migrated from the Northeast and Midwest areas of the United States.

The Center was located in a residential area adjacent to a city-owned public works facility. The facility was a renovated warehouse for which the city had financed a new floor appropriate for dancing, and the members had raised funds to purchase the furnishings, selected the furnishings and arranged the layout of the facility.

Approximately one-third of the area's senior population belonged to the Center. Members appeared to have adequate to comfortable retirement incomes, and no poverty or deprivation was observed. The single-family frame homes surrounding the Center were well-cared for, with beautifully trimmed lawns. Shopping facilities were four to five blocks from the Center, community facilities within two miles. Public transportation was not available in the city, and its absence prevented rural residents and some city dwellers from attending the Center.

Facility

Although the facility's exterior was unimpressive, the director credited the program's success to the pleasant interior physical aspects of the Center. The building had been one large area before partitions were constructed to form a small administrative office, storage and game rooms. When the seniors asked the city for a building, they said, "Give us a building, and we will provide the furniture." The large room has been skillfully furnished to provide a comfortable drop-in lounge and library, a dance floor with a piano and open space for group activities such as bridge, social meals and classes. A shop was available for lapidary in an adjacent building. The members raised funds to match a city donation to construct outdoor recreational facilities.

Staffing

Interaction between staff and members, and among members, appeared open and congenial. Members accepted responsibility for programs and worked in a variety of volunteer positions such as answering the telephone, performing clerical service for the office, handling membership payments and cards and opening and closing the Center. Because of the capability of the member volunteers, one administrative staff person could provide the overall direction for the Center.

While members were complimentary of the director's capabilities, the director was viewed as a liaison with the sponsor or as an advisor, and

not as an individual responsible for the overall, day-to-day operations. Officers, committee chairpersons and appointed members had the responsibility for operation of the Center. The organizational and leadership development skills of the director were implicit throughout the Center program.

The Center bylaws stipulated "all members able to do so are expected to assist in the function of the organization." That objective was evident in all Center activities and programs. The members organized, with advice from the director, and implemented and carried out all activities. As soon as a new activity suggested by members was functioning, the director withdrew and members handled all funds, scheduling, newsletters, announcements, publicity or other details. There were continuous activities, morning, afternoon and evening sessions and many weekend events, all under the guidance of the members.

Governance

The Center, organized in 1962 and sponsored by the Department of Parks and Recreation, was directed by officers elected by the membership and governed by a board comprised of elected officers, a member at large from the Center and a representative from the sponsoring agency. Board of directors' meetings were open to all members; only members of the board had voting privileges. Center membership was open to all residents of the surrounding area aged 50 years old and over who paid a $2 annual membership fee. The lower age limit was evident, with many members in the fifties and early sixties and only a small number in their eighties and nineties.

Program

The program at the Center had been designed as the result of members' responses to a questionnaire. Additions or deletions were made as periodic questionnaire results reflected a need.

Possibly because of the younger age of members, participation concentrated on active recreation, social events, classes, lectures and discussion groups. Services were available in counseling and information and referral; however, the isolated requests for health, legal and employment services did not indicate a need for this type of program.

An educational program, formulated and offered in conjunction with a local college, drew many participants. Classes were available at both the Center and the campus in a wide range of academic subjects and leisure-time community services categories. The Center and college were jointly sponsoring an "Eminent Speakers Series" with a theme of "Old Problems--New Answers." The forum, offered free of charge, provided widespread publicity for the Center. This educational offering had an added advantage in that many persons became aware of the opportunities available at the Center while attending the lecture series. As a result, those attending the series were eager to obtain membership and participate in other Center activities.

The Center functioned with a well-defined committee structure, with special attention devoted to a "hostess" committee responsible for welcoming visitors and creating a friendly atmosphere at the Center. A "visitation" committee stayed in touch with members who were ill or unable to attend and reported their findings to the Center for appropriate action.

Community Relations

The Center had good relationships with educational institutions, nursing homes and homes for the aged. However, forming linkages with service agencies in the community or making the community more responsive to the needs of the elderly did not appear to be the focus of this program.

Problems and Comments

The smooth operation of the Center even in the absence of a staff member might serve as a model. The Center sponsored numerous trips and tours, often of several days' duration, and the presence of a staff member in the event of accident or illness was considered necessary. The Center director could, on occasion, be away from the Center for several days but the Center activities continued normally.

Participants expressed an interest and enjoyment in fund-raising benefits for the Center, indicating feelings of sharing, closeness to peers and a sense of belonging due to combined effort. Members with physical limitations preventing them from actively working on behalf of the Center appeared to view all results as a group effort and exhibited the same feeling of belonging.

The members retained a custodian, over age 50, to care for the facility and offered to fund the position themselves.

Community

This Center was located in an urban renewal area of a western city that has always functioned as a service center for a vast agricultural county. Housed on the ground level of a new high-rise for the elderly sponsored by the Department of Housing and Urban Development, the Center shared space with other organizations such as the American Association of Retired Persons (AARP), Foster Grandparents, Retired Senior Volunteer Program (RSVP) and the Council of Older Americans, sponsoring agency for most of the local aging programs.

The facility was built as part of an urban renewal project on the outer perimeter of a commercial area. Many buildings were empty and those occupied closed at 5 p.m., isolating the area around the Center from pedestrian traffic and making it susceptible to purse snatchings and muggings. The doors of the Center were locked at 5 p.m. each day, and participants expressed fear of being in the area alone at any time, particularly after dusk.

A concerted effort had been made to rebuild and revitalize the area around the Center. The preponderance of empty buildings suggested that it may remain a fringe area, possibly to become even less desirable and inviting to older persons.

Older people in the community had been instrumental in obtaining reduced bus fares; a monthly discount card, costing $2, entitled the holder to ride anywhere in the city. However, transportation routes did not serve all areas of the city, and transfers or lengthy walks were often required to reach the Center--an obvious obstacle to attendance. The Center's location in the commercial district meant transportation was necessary for all participants, with the exception of residents of the building and a nearby hotel.

A supermarket, minidrugstore, barber shop and beauty salon were available on the premises. Additional shopping and movie theaters were within walking distance of the Center. Access to other community facilities required transportation.

Since the opening of the Center in 1958, attendance has grown to approximately 1,000 persons per month. The age requirement, typical of western centers, was 50 years or over. Participants were predominantly female, with males accounting for less than five percent of the total attendance. Income level of the regular users appeared to be limited, while individuals with more comfortable incomes attended for a specific class or activity.

Facility

The design of the facility was most inviting, and pedestrians and motorists could look in through a large front window. The facility was essentially one large room, divided into a number of class activity areas by partitions approximately six feet high. The areas were filled with long worktables and chairs. One side of the facility contained a number of small administrative offices with space for the Center staff and other aging programs. The other side of the facility was lined with floor-to-ceiling supply cabinets and an area in one corner was devoted to a boutique.

Staffing

Staff members were without professional training and, while they expressed genuine warmth and concern for the participants, interaction appeared to be with the senior volunteers and of a paternalistic nature toward the older participants.

Governance

The Center originated and has developed as a Senior Opportunity Services program sponsored by the older Americans organization, and was facing a financial crisis due to termination of the Federal program and the absence of a solid base of community support.

The Center began operation with a stated purpose as follows:

> To utilize the talents of older people by involving them in a training program of arts and crafts that help occupy their extra time in learning to help each other personally and socially and to eventually add to their incomes as they learn to produce saleable products.

Participants worked in volunteer capacities but were not involved in the decision-making structure of the Center. Governance appeared to be under complete control of the director.

Program

The program was designed around prepackaged learning concepts. Older people formed the first instructor training class; from this group, instructors were selected to teach future classes. Though the Center stressed a "learning" concept, it was discovered that most of the participants attended first for companionship and second for learning. The program had consistently focused on creative activities, classes, lectures and discussion groups. Services had been slower to develop; however, public health nurses were available every afternoon, and physical examinations were given on a limited basis. Counseling, information and referral and library services were also available.

A Title VII nutrition site was available to the participants approximately a quarter of a block from the main Center, and many participants enjoyed a noon meal there.

Heavy emphasis on arts and crafts, along with the complete absence of an active recreation program, could account for the small number of male participants. In fact, male participants said that the class offerings were more appropriate for females and expressed a desire for male-oriented activities or for help in conducting these activities at another location if necessary.

Community Relations

Craft products made by the older people were attractively displayed in a boutique shop, and sales were bringing in a good income for both participants and the Center. The Center retained one-fourth of the sale price to purchase supplies and help defray expenses.

Though the Center had a strong volunteer program using older people and an occasional community volunteer present, linkage to other agencies in the community appeared weak.

Problems and Comments

Warmth and companionable socializing was limited; a cosmopolitan population attended the Center and, though the participants interacted with the instructors and occasional class members, participants did not seem to know their peers, and attendance appeared to be for a scheduled activity rather than on a "drop-in" basis.

The Center has grown dependent upon Federal funds and has not developed local sources of funding; therefore, a serious financial crisis was pending due to the cutback in Federal funds.

CASE STUDY #10

Community

This facility, a satellite of an extensive network of multipurpose Centers, Senior Centers and satellites, was located in a renovated factory in a low-income area of a large southern city. The factory was effectively remodeled to provide both housing and limited recreation facilities for the elderly. Now a part of public housing in the area, the facility draws its residents from the immediate area. Many of the participants had moved into public housing as a result of a slum clearance project.

The facility's environment was unattractive, with run-down shops, dilapidated housing, light industry and market areas nearby. A high crime rate forced closing and locking entrances to the building and parking lot at 4:30 p.m.

But all community facilities were nearby and those not in the immediate area were easily accessible by buses, which stopped at the corner and provided discount-priced transportation.

Facility

Though the first floor of the housing facility was available for Center activities, the space was not used optimally. One large area contained tables, chairs and sofas that appeared cold and uninviting. A few elderly persons sat in this area chatting during most of the observation time. Another large room was partially equipped and adequate for food storage and coffee service. The room was used for bingo, coffees and general meetings.

Staffing

A professionally educated social worker served as the director of this satellite.

Governance

Participants at the satellite assumed responsibility in directing their own activities. Though they were encouraged to serve on various standing and special committees and to voice concerns and offer suggestions, only a minimal number became actively involved. Several members did serve on the satellite's governing board.

Program

The satellite was one small part of a network that offered a wide range of social and recreational services. The director indicated that the information and referral service and counseling were used by the elderly.

A minibus made it possible for the elderly to shop for groceries at a regularly scheduled time. The vehicle was also available to transport participants to social events at other Centers in the network.

Community Relations

Though information about this satellite was conveyed through the larger network's newsletters and use of posters on bulletin boards, the director cited a need for more publicity. Satellite members cooperated with a few community agencies and were involved with some health-related charities (cancer and heart), but, in general, the satellite had made little progress in encouraging community service.

Problems and Comments

The part-time director's educational background qualified her for a more responsible position. She had little rapport with the participants. Her office was a place for official matters, not the friendly place occupied by many in similar positions. In two full days of visiting the Center, observers noted that the director usually stayed in her office. Her one outside activity was supervising a bingo game and coffee hour attended by about 35 seniors.

The director felt that the goals of her Center should include overcoming the inadequacies of Mexican residents in the area and familiarizing them with the American life style. She was interested in bettering relationships between the two groups. She also noted there was a need for more activities of two types: Those in which the many poor could participate, and those that could be scheduled at night. Though she had these insights into the needs of the participants and was concerned about them, the director did not appear to assume much responsibility in directing activities at the satellite, nor did she interact much with the participants.

Interaction between members was extremely limited, with a language barrier that was divisive. The majority of residents in the building were Spanish speaking. Efforts to teach English had been unsuccessful. The "Anglos" reported that many of the Spanish speaking were not citizens. Their attitude toward the Spanish speaking had not been improved by the president's conducting a business meeting entirely in Spanish--a language the Anglos did not understand. There appeared to be a wall of misunderstanding, resentment and bitterness between the two groups.

Directors of the network indicated the satellite would eventually be made into a drop-in center for the many elderly in the surrounding neighborhood. The program, functioning with only minimal activities and services, appeared stagnant. Whether the situation was a result of the decision to turn the facility into a drop-in center or a combination of ethnic tensions, inappropriate programming and participant apathy could not be determined. The participants, as a group, appeared to be in need of both services and activities. Therefore, the conversion of a satellite Center utilized as a service delivery site into a drop-in Center did not appear to be in the best interest of the older people in the housing development, nor did the surrounding neighborhood appear appropriate for supporting a drop-in Center.

CASE STUDY #11

Community

An urban area in the southwest was the setting for the site visit to this satellite Senior Center. The Center's income level was low, since it was located in low-income housing, but the men and women were well-groomed and seemed to take pride in their appearance. The Center's appearance also reflected a feeling of pride. The City section did not appear to be prosperous; homes were small and run down. Transportation was readily available, with city buses passing the Center several times hourly. Facilities likely to be needed by the elderly--churches, schools open to adults willing to use them at night and shopping centers--were all within reasonable walking distance of the Center. The minibus and reduced fares on city buses permitted ready access to other facilities. Many of the participants had automobiles; parking was adequate.

Facility

A large multipurpose room, adequate kitchen, library, craft room, two offices and bathrooms were available to the satellite Center within a new structure owned and operated by the housing authority. One office served as a screening clinic at a scheduled time. Furniture selection and arrangement were controlled by the housing authority.

One director supervised Center activities. Though she did not have an educational background related to working with the elderly, she worked harmoniously with her group of Mexicans, Mexican-Americans and Americans. There seemed to be no barriers between the groups and between the director and individual groups. Other staff members were available from headquarters to help the director when needed. The driver of the minibus served part-time and provided transportation for grocery shopping and attendance at activities at other Centers in the network. Activity leaders were volunteers who were also members of the Center.

Governance

Members were encouraged to serve on various standing and special committees and readily did so. In fact, several participants served on the governing board. Members were also vocal about important issues and often offered suggestions about program activities.

Program

The services provided were delivered under the auspices of an incorporated city/county community services agency. The agency provided services to older people who had independent living arrangements either inside or outside the city's public housing developments. Through contractual arrangement, the housing authority reimbursed the service agency for social services and activities conducted in the community spaces. In actuality, these community spaces became a network of Senior Centers.

Though this Center, intended only as a satellite, was not bustling with activity, during the study there were frequent visitors to the lobby, a covered-dish luncheon was attended by 60 people and six people were observed using the free health screening clinic. Thirty-five persons participated in an afternoon coffee hour.

This new Center had experienced a growth rate of nearly 50 percent during 1974. Social and recreational activities were most frequently offered and best attended. Information was provided to members, and referrals were made to social service workers in the community. Counseling was done on an informal basis, as the director was not trained for more demanding forms of counseling.

Community Relations

Though Center participants were active in working with other groups in the community, they had no formalized social action program. Service linkages were available through the contracting services agency.

Problems and Comments

Center members indicated a need for more activities that would appeal to men. No special facilities were available for their use, although they made up a fair percentage of the membership (19 percent). Some need for evening activities other than cards was also indicated by participants, most of whom were unwilling to leave the building at night.

In view of the unusually large increase in attendance in 1974, the number of participants/volunteers working as activity leaders and the enthusiasm expressed by many participants, this satellite appeared to have all the resources necessary to develop additional services/activities and community service projects.

CASE STUDY #12

Community

In this town in the Pacific Northwest, where over 14 percent of the population are 65 years of age or older, services to senior citizens have developed as a service delivery system rather than in a location designated as a "Senior Center." Two small facilities existed, convenient to community services and shopping and within walking distance for many. The absence of public transportation was a serious problem for the rural areas surrounding the town.

Facility

For seven years a volunteer director and a large cadre, consisting mostly of seniors, have provided services to older people. Recently, the senior program was given the use of one room in a city building, and a telephone was installed (but without funds to pay for toll calls). This room was used as a combination office, meeting room, activity room and general all-purpose room--without windows, comfortable chairs or recreational equipment. The area could accommodate people in a meeting-type atmosphere but would be completely inadequate as a lounge or drop-in area. The area was suitable for only single activities, as there were neither partitions nor floor coverings to absorb the noise. Additionally, a nearby low-cost housing project for the elderly provided a large room that served both as a Title VII nutrition site and an activity room or satellite Center.

The two locations functioned primarily as meeting places for organized activities and were not conducive to social interaction. One was a large room containing a piano, tables and chairs. The other site had large dining tables and chairs arranged end to end for convenience in serving meals but not at all conducive to conversation or other social interaction.

Staffing

Programs were implemented by the director, aided by volunteers who work over 850 hours per month. An outreach aide, funded by another agency, is assigned half-time to senior citizens in an attempt to locate isolated or hard-to-reach older people and to work with the newly retired.

Governance

The senior program is governed by an incorporated private nonprofit Board of Directors of which the volunteer director is a member. Center operations were under almost complete control of the director, and there appeared to be little inclination or opportunity for participatory governing by the members.

Program

A number of the Center's services provided health care. A home-care program made skilled nursing care available to needy elderly persons, and a health aide worked 20 hours per week to provide personal care. Seniors

provided recording and transportation for the twice-monthly clinics. Twice-monthly health screenings were instituted in 1974 as part of a comprehensive county-wide "Eldercare" program for persons aged 60 and over.

The Title VII meals program drew the largest number of participants. Sedentary recreation (bingo), lectures and discussion groups were linked to the meals program. Information and referral was available on an as-needed basis.

Since over 50 percent of the participants lived alone, and 32 percent suffered from hearing or visual impairment, home-delivered meals and telephone reassurance once a day, seven days per week, were important components of the program.

A 12-passenger bus, purchased with assistance of a small Title III grant, was available. This vehicle, its operation entirely dependent on private donations, furnished transportation to health screenings, shopping and the nutrition site. Public transportation was not available in the town, and the bus cannot begin to fill all requests from the older population of the town and the surrounding three-county area eligible for services from the senior program.

The senior program provides a physical therapy class each morning in a local retirement home; formerly such classes were conducted in three nursing homes until the homes could acquire an activity director.

Potluck dinners, cards, quilting or making lap robes for nursing homes, group singing, films and an orchestra that entertains in nursing homes complete the program offerings.

Community Relations

The Center director related to such community agencies as the recreation department and the housing authority, but essentially her focus was on the Center and its program rather than the Center's role in the community.

Problems and Comments

Residents of the housing area did not appear to relate to the site in the city facility; town residents expressed the opinion that the site in the housing area was only for residents living there.

While the nutrition program was no doubt a welcome addition for some, the space constraints created by the program were a problem. Keeping the tables in place for the five-day-per-week meals has meant curtailment of previously available recreational activities.

This Senior Center program was functioning at an amazing level of activity considering the absence of paid staff and minimal facilities, operating budget and funds.

CASE STUDY #13

Community

A beautiful municipal park located in a small city serving as the state's transportation, trade and education center was the setting for a Center in the Pacific Northwest. Lumber and forest products have traditionally played a significant role in the economy and labor market of the area. Because of the rural nature of the lumber industry, older persons who had lived and worked in the industry had moved into the city on retirement or as they became unable to continue living in a rural environment. As a consequence, many have been forced to adapt to a new community and way of life after retirement.

The Center has grown from a senior club into facilities and services, resulting from the combined resources of a large private bequest, the housing authority, the department of parks and recreation and donations from individuals and organizations. The present facility serves over 4,000 persons in an average month.

Both Center-provided and public transportation served the facility. Older persons were concentrated in the adjacent neighborhood, and convenient ample parking lots served those arriving by private automobile. It was reported that visits to the Center were the major nonfamily activity of 60 percent of the participants. The socioeconomic level of the participants appeared to cross all strata of society, and all appeared to make frequent use of the Center.

Facility

The structural design of the facility was inviting and convenient for activities; the park and gardens around the building and areas inside the building were conducive to social interaction and observation. A less-mobile individual could sit in a comfortable chair, in a corridor or on a park bench and feel a part of the activities or have a number of encounters with peers, whether or not he wanted to participate in organized programs.

Since the facility was all on one level, there were entrances from the surrounding park and gardens on three sides. Along one side were class activity rooms and game rooms. When entering the front of the building, one could either approach the administrative offices or a spacious lounge containing a television set, game tables and small groupings of comfortable chairs. Approximately one-half of the structure was a large all-purpose room with two sides of glass, furnished with a piano, public address system, folding dining tables and chairs. The room opened into kitchen facilities and a patio with portable grills.

Staffing

The program was managed by a staff of five professionals, assisted by up to 15 field work/intern students per academic year.

Governance

Services and activities were under the complete control of the director, with supervisory assistance from the department of parks and recreation. Older participants were active on committees, but, with the exception of the self-governing men's club, there was little evidence of participatory decision-making.

Program

The program offered a wide range of social and recreational services. Transportation was available by both bus and minibus; health services, predominantly preventive or adaptive, were available from public health nurses; legal services were provided by a "Senior Law Center" on the premises, and an outreach worker hired with CETA funds attempted to reach older people in need of service from the Center.

Certain program components were unusual and deserve listing: A "loan fund" provided confidential loans bearing no interest and without scheduled repayment; a professional "artist-in-residence" offered a cultural arts program; all instructors used in the Center were volunteers; job search classes and job placement service were readily available; considerable emphasis was placed on service to the community by seniors who made layettes, lap robes, quilts and therapy equipment for the health department.

Two programs are of such merit as to warrant a more complete description: "Thursday Friends" and the men's program.

Thursday activities were specifically designed to serve people living in nursing homes, those receiving foster care or others who functioned better in a less-structured environment. Those participants were transported weekly to the Center, and most attended on a regular basis. Volunteers circulated among the participants to talk with them, to organize and supervise activities, coordinate special entertainment and assist participants with craft projects. The RSVP program was especially beneficial.

The men's program accounted for 30 percent of the total Center attendance. Several years ago the staff realized that few men attended the Center. A male staff member was retained to work on a half-time basis with men, and a concerted effort was launched to develop programs to attract male participants. The men's program, completely self-governed, attracted several hundred men with a weekly breakfast, woodshop and other activities selected by the group.

Community Relations

The Center and its director had developed cooperative programs with the university. Participants were used as resource persons in special classes, and the Center was enriched by student interns.

There were a number of other Centers in the city, all with an age requirement of 55 years or over. Staff from the various Centers enjoyed a close liaison, and referrals were made among the various Centers. The Center director served on the boards of other agencies and had close working relationships with the area agency on aging and with the state office on aging.

Problems and Comments

Staff members, all with professional training, demonstrated courtesy and warmth in interaction with participants. The staff received a wide variety of incentives, including paid professional memberships and inservice training. The director and staff maintained close liaison with a nearby university institute of gerontology, providing technical assistance to the university, utilizing students as volunteers and allowing the university to use the Center as a training resource. Strong community and professional linkages with local, regional and state agencies were also evident.

A possible deterrent to attendance at the Center facility was its location on the outer perimeter of the city. Shopping and community facilities, though within three miles, were beyond comfortable walking distance for older people. However, public and Center transportation possibly prevented location from becoming a major barrier to participation.

CASE STUDY #14

Community

In an urban city in the northeastern United States a private, nonprofit, community-based social service agency was assisting older persons. The headquarters of the agency met the criteria of a Senior Center and therefore was selected for a site visit. The agency was not a senior club or Center but a corporation, run by and for older persons, functioning as an umbrella agency or service delivery system that also directed several senior citizens' clubs. Services from this agency were available at satellite centers throughout the target area.

During the early 1970's, the agency focused its attention on assisting elderly persons living within the model cities' area--four separate jurisdictions--and the geographical periphery. Early in 1974, responding to increasing needs, services were expanded to an additional seven areas of the city. Realizing the growing demand for services by the elderly, the agency was constantly searching for new sources of funding and improved service delivery to increase its capability.

Facility

The Centers where older people met and received services were located throughout the city. Services were available in recreation/community centers, Jewish community centers, Salvation Army centers, churches and public housing projects. Services were also taken to the older person's home when necessary or requested.

Staffing

A professionally trained public administrator managed the agency. The director had available a staff of 13, several professionally trained. Staff members involved in service delivery had a good rapport with the recipients, due to their background and ongoing training. While there were nine designated outreach workers, it was felt that all workers rendering service in the community function as outreach workers. During regularly scheduled staff meetings, service workers were expected to become knowledgeable in other areas in order to refer individuals to the appropriate agency or service.

Governance

The board of directors, comprised of older participants residing within the communities served, was responsible for personnel recruitment, selection and termination. This decision-making group administered the entire service program, with funding from Federal sources such as Older Americans Act, OEO, model cities and state and local funds.

Program

The primary purpose of this agency was to provide coordinated social service programs for older persons needing some form of support to remain in their own homes in the community rather than being institutionalized.

In 1971, the umbrella agency (which started in the urban area to respond to the needs of older black people) expanded to provide services to older people regardless of race, color or creed and beyond the boundaries of the communities where the agency and work sites were located.

Services offered by this agency are so comprehensive as to warrant a brief description. This agency could be viewed as a model of what a multi-purpose Center or service delivery system has to offer older people.

Homemaker service involves housekeeping, personal care, nutrition, marketing and other related duties. The service was free to older persons covered by Old Age Assistance. Others declared eligible by doctors' certificates showing physical need were required to pay a fee for service. A Title VII nutrition program open to all individuals 60 years of age provided meals five days per week for shut-ins and those wishing to participate in group dining. The program, with a charge of 50 cents per meal, served an average of 125 homebound per day and 320 per week in a congregate setting.

Because of high costs, transportation was available only on a limited basis. Elderly persons who required assistance because of health, low income or emergency received service for a token fee of 25 cents per round trip.

Legal services were provided in conjunction with the city legal assistance office and local OEO. The agency sponsored an elderly legal research and service program. It was intended not as a service program but as a research and sensitization program. Limited funds necessitate the handling of only a small number of test cases, and other cases were referred to the appropriate agency. All cases were handled, either directly or indirectly. The agency acted as an advocate on behalf of the elderly for legislation and administrative changes affecting them.

Supportive services programs were intended to assist elderly individuals in obtaining housing, medical assistance and income assistance. They were open to any person over 60 years of age requiring the services.

A nursing home ombudsman insured that the needs of nursing home patients were met and that some form of social and recreational activity was provided. If it was determined that the needs of a patient were not being met, then the complaint was turned over to the legal department to insure appropriate action.

Training and educational programs have been made available through cooperation with both a local university and Federal agencies. These programs included nutrition education, health education, the art of parliamentary procedure and geriatric training.

Coordination of employment was offered on a somewhat limited basis. The agency employed older persons and procured part-time employment for others.

An information and referral component served the greatest number of individuals. There was an awareness that older people might need services which the agency itself could not provide, so the group disseminated information and referred older people to these services. The information and referral was of major importance, as it expedited the process through which the elderly must maneuver in order to obtain various services.

Volunteers were the mainstay of this nonprofit voluntary group, The agency operated and coordinated a volunteer program for older persons and used them whenever possible. Volunteers were also referred to other community agencies.

Community Relations

This agency had strong community linkages. Interaction with the universities, human resources agencies, hospitals, legislators and others in the power structure is frequent. The director placed special emphasis on meeting with professionals concerning service delivery, information exchanges, staff sharing and reports to and from numerous local, state and Federal agencies.

The director, with an impressive education and experiential background, had a host of refreshing ideas and refused to be content. A quote from the director illustrates the philosophy of the agency: "Individuals who are dissatisfied usually can help us make things better and, therefore, are very important to us." Additionally, the president of the board of directors had always been active in the community, was affiliated with local and national organizations and knowledgeable about available resources and avenues to pursue. The director and president clearly complemented each other.

The agency was also working toward three clearly articulated future goals: 1) senior citizen housing; 2) day care, and 3) the establishment of a comprehensive Center in a single location.

Problems and Comments

Staff members usually worked on recreation and cultural activities in a coordinating capacity only. This program component was less than optimally effective. In the public housing locations, the all-purpose rooms stood unused while older persons reported a desire for social and recreational activities. In general, recreation received little emphasis except at the nutrition sites.

The Center directors reported "moderate" to "much" improvement in older persons after participation in the program. Such positive signs seemed to accentuate the need for companionship, new interests and acquaintances, byproducts of arts and crafts, table games, entertainment and tours and trips.

Lack of interest, poor health and incidences of crime around Centers not located in housing developments were cited as limiting attendance in Center activities.

The umbrella agency considered the individual clubs responsible for social and recreational activities. Perhaps leadership training for the club officers and members and the staff assigned to the individual Centers could provide the impetus needed in developing more activities.

Recreation activities at the Center received no publicity, a lack that carried over into other areas. While the agency had a comprehensive service program, many of the older people were unaware of how or from whom they received services.

CASE STUDY #15

Community

A large colonial house in an old section of a southeastern city was the setting for a recreation department-sponsored facility.

The city, its history dating back to the 1700's, developed early as both an economic and cultural center. This history was still evident in that Center participants were natives of the city or surrounding area or had moved into the area as young professionals and remained there on retirement. Consequently, 40 percent of the participants were over 75 years old, and the Center had an unusually high percentage of participants from professional or managerial backgrounds.

Shopping and community facilities were close to the Center, and public transportation was within walking distance for an active person but presented a problem for the less vigorous or handicapped.

Facility

The Center was not identified on the front of the building, and a visitor had to drive around the residential area in search of it.

A multilevel structure, approached by a number of steps and without an elevator, housed the Center. The consensus of opinion of both staff and participants was that additional space was needed. Although the facility was without a kitchen, the space on the two levels appeared to be under-utilized. The rooms were furnished with tables and chairs as if ready for large groups to attend a meal, meeting, class or bridge. The furnishings and rooms were neither inviting nor conducive to small or intimate group gatherings--or just passing the time of day.

The director expressed disappointment in the small number of male participants and would have liked to add a workshop to provide an additional area of interest for men. Also being discussed as additions were a kitchen and large meeting room, so the facility could better serve older people.

Staffing

The staff consisted of a director and a secretary, assisted by volunteer older participants.

Governance

The city sponsored the Center through the department of parks and recreation. Center operations were under complete control of the director, with supervisory assistance from the parks and recreation director. The majority of participants were members of a large club that met once each week, and an entire day of Center time and space was devoted to the function. The club had officers and committees, giving a form of self-government to the club but not to the Center as a whole.

Program

A one dollar fee for a lifetime membership was the only requirement for joining the Center.

Programming at the Center clearly reflected the orientation of the director and emphasized creative and sedentary recreation. Music classes and a band, which drew far more observers than participants, were available. The band received many requests to perform in the community and was considered by the Center to be good "advertising" for successful aging. The band entertained regularly at nursing homes, and, though not considered as such by the Center, actually functioned as an "outreach" component, since many members originally attended the Center after seeing the band on television or at a community function.

Classes, lectures and discussion groups completed the program of activities. A local university offered a scholar's program, free of charge, to older people, and a number of Center participants were actively involved in either course work or a current events program.

Counseling and information and referral were available from the Center director on an informal basis. The Center did not have recourse to professional counseling.

Community Relations

With the exception of occasional community services volunteered by the Center and performances by the band, linkages to the community appeared weak.

Problems and Comments

Participants appeared to attend the Center for only an occasional activity but not on a drop-in basis. Several factors may have discouraged drop-ins: First, there was no specified area to serve as a lounge or day room; second, there were no informal areas where social observation or interaction could spontaneously occur.

Structural renovation was prohibited on the present facility because of its historical significance, but creative furnishings and programming could have overcome many liabilities.

Lack of transportation was identified as a major problem for the Center. With a large percentage of the participants over age 75, the walk to and from available bus routes could prevent frequent attendance.

Program emphasis was on recreation as opposed to services, and the full potential of the lovely old historical structure appeared underdeveloped.

CASE STUDY #16

Community

In the largest urban area of a predominantly agricultural state, a small, highly industrial northeastern city had a Center established in 1970 to serve former mental patients and persons aged 60 and over. Previously workers in construction or manufacturing and victims of neglect, poverty and poor housing, the participants appeared as a group to be infirm and indigent.

The Center, surrounded by an industrial zone, would have been accessible from nearby, deteriorating low-rise apartments and single-family homes for mobile, healthy older persons. However, the advanced infirmities of so many of the participants meant that Center transportation was required for nearly all who attended.

Facility

An old church with little renovation, except for the kitchen, served as the Senior Center by day and a youth center during evening and weekend hours. Furnished with straight or folding chairs, the interior of the building was not comfortable, inviting or conducive to social interaction. The roomy, open, institutional-type facility was without clusters of furniture or informal lounge areas where older persons could congregate to chat or initiate unscheduled card or table games. A railroad track and yard adjacent to the building and the absence of an acoustical interior created an unusual amount of distracting noise. Wheelchairs could not be accommodated, though only the street level of the two-level facility was used.

Public transportation was reported as adequate within the general area, but a minibus, funded by the state unit on aging with Older Americans Act monies, transported participants to this particular Center. The bus was also available for transporting people to other senior programs within the city.

Staffing

Staffing at the Center consisted of a director, an outreach worker and two clerical employees. The staff members were employees of the community center, that received its overall guidance and direction from a volunteer board of directors. Senior activities were a responsibility of the Center director, who reported to the executive director for the community center.

Governance

The older people were not involved in decision-making at the Center and had no avenues for expressing their preferences. The staff was therefore unable to promote self-government, develop leadership capabilities or instill desire to serve on committees or governing boards.

Program

The Center was dependent on Federal funding, utilizing in-kind match of facilities/supplies and only token cash to receive funds. The Federally funded Title VII program had been a factor in increased attendance, so the Senior Center was made even more dependent on the continuation of Federal funds.

Crafts dominated the program at this Center. Though they were varied, activities seemed predetermined with little or no experimenting to find suitable alternatives. A substantial number of men attended the Center, which was unusual in view of the limited program offerings. Most participants attended every day, and the occasional individual who did not attend daily attended regularly on specified days.

A Title VII program provided meals on the premises and home-delivered meals five days per week. The attraction of the meal partially explains the large percentage of males attending. Program activities were secondary to nutrition for both sexes.

Informal counseling in the form of ventilating feelings or problems, some information and referral, and the minibus that transported participants to needed medical services or shopping were the only services provided.

Community Relations

This Center was not coordinated with any services of the city's other senior programs. It was without community linkages in many areas and weak in its interactions with educational institutions, church groups and United Fund agencies.

Problems and Comments

Lack of professionally trained leadership was undoubtedly responsible for the absence of services, the sameness of activities, the lack of experimentation with activities and the staff's predetermination of what the participants should be offered.

The Center closed at 2 p.m. and remained empty until other age groups arrived for evening sessions. Based on the distance from shopping and community facilities, members' physical disabilities and geographical isolation of the group, a need existed for the facility to remain open for a full afternoon session.

The Center defined itself as a "stabilizing influence, a haven for low-income elderly and a source of information for those individuals concerned for the welfare of the older people." Professional counseling or aftercare for former mental patients, was not available; therefore, only slight or moderate improvement resulted from participation in the senior program.

Size of the facility was indicated as a factor in "moderately" limiting the program. On-site observation revealed underutilization of the existing space; the actual need was for more innovative programming.

Staff consensus was that to diversify the program's activities would certainly improve the Center. A major consideration for activities, services and future plans must be the 40 percent of the attendees who were 75 years of age or over.

Participants were reported as religious, and the director discussed frequency of attendance at church and/or religious events. Spirituals were played loudly on occasion.

The aggregation of former mental patients and participants from deprived backgrounds, coupled with the seeming lack of initiative or creative programming, led to pervasive apathy and a stagnant program.

CASE STUDY #17

Community

This Center was located in a small, highly industrial northeastern city dependent on the manufacturing of automobiles, metal products and textiles. Older persons accounted for 22 percent of the total city population.

Established in a socially and economically isolated residential area, with shopping and community facilities two to three miles away, the Center was further isolated by its setting: An older residential area of low-rise apartments and single-family dwellings. Nevertheless, public transportation was considered adequate by the older people interviewed, and some transportation was provided by the Center.

Facility

The Center, housed in a private, single-family dwelling and surrounded by a residential area, lacked space, and the absence of comfortable furnishings prevented it from functioning as a neighborhood drop-in Center. Only one restroom was available for all participants. Wheelchairs could not be accommodated inside.

The facility had minimal renovation and was inadequate for the program. Activities were confined to one level, as stairs leading to the second level were too steep for older participants. The upper level was used for staff offices, storage and a sewing room. The physical barrier created by the stairs tended to isolate staff members from the participants and accounted for limited interest in sewing.

All age groups had access to the small facility, leading to considerable congestion and noise. Traffic from a busy street in front added to the noise level but did not prevent the participants from fully utilizing the Center.

A front room on the first floor was used for a television lounge, card playing, crafts and dining. Program offerings were not segregated by sex; men took part in a sewing class, and that program was severely limited by space constraints.

Staffing

Staffing at the Center included a full-time executive director, a part-time program director, two aides and a part-time outreach worker. The program director was assigned numerous outside responsibilities and appeared to be working under a double handicap--lack of support from local resources and diversified responsibilities. Inadequate training and fragmented staffing patterns appeared to compound further the pressures created both by shortage of space and staff isolation.

Governance

Center operations were under the complete control of the executive director, who reported to a board of directors from a private, nonprofit organization. Though two older persons served as representatives from the Center to the board, there was little indication that the older participants were involved in decision-making. Lack of expertise and diverse responsibilities may have prevented the Center director from opening the decision-making process to member representatives or from encouraging older participants in the development of leadership skills.

Program

The Center was supported by Federal funds (Title III), revenue sharing and local contributions. These funds were administered by a private, nonprofit umbrella agency that also financed four other programs for older persons within the city.

Possibly because of the participants' advanced age and physical limitations, program offerings were highly concentrated in crafts and sedentary recreation. Meals, both on the premises and home delivered, were provided without benefit of Title VII funds. The meals, tailored to individual needs of the members, were a major factor in drawing participants. Agency personnel and staff conducted classes and discussion groups, while varied community resources provided services for older participants through the Center's information and referral function.

Staff members commented that participation in Center programs had greatly enhanced the ability of attendees to use their own capabilities and had increased personal growth. This was especially significant, since 95 percent of the Center participants lived alone. Such isolation encouraged attendance.

The staff encouraged the older people to function as friendly visitors, teach classes, serve on committees and take part in a home-management program, a component sponsored by the umbrella agency.

Community Relations

The staff indicated that the Center was most effective in mobilizing community resources, especially important since the target population served by the Center was so isolated from them. The Center also had a mechanism enabling different age groups to interact with the elderly--through summer picnics, tutorial programs, dinner dances and trips.

Problems and Comments

Despite space and staff limitations, the Center had made progress in the expansion of its program. Activities had increased in 1974; 25 percent in attendance. It amounted to a mixed blessing because of further congestion and pressures created within the already overcrowded facility.

Though the average age of Center participants was 70 years, employment was noted the major deterrent to regular attendance or termination of attendance.

Advanced years, physical disabilities and low incomes were considerations for programming and services. The fact that this group literally spent their days at the Center, eating lunch and watching TV, created monetary savings as well as companionship. But the deprivations of the group and the gains from participation in activities indicated that a logical next step would be to seek adequate space and provision of more basic services and varied programming.

In spite of overcrowding, staff and participants appeared to have a good rapport, both acknowledging their need and desire for a larger facility within which a dynamic community center could begin to emerge.

CASE STUDY #18

Community

Anticipating the construction of a new, large facility, this multi-service Senior Center was a focal point for activities of the elderly in a southern university town and county.

The major focus of this site visit was to observe the administration of a network of Senior Centers. Therefore, little attention was directed to specific facilities, staffing patterns or programs within the satellite Centers. At the time of the site visit, administrative offices and Center facilities were crowded into an old renovated church in a residential section of the county's largest city. Services were provided at several other facilities in the county by visiting, trained program directors called "outreach workers." The multiservice Center appeared to have greater appeal to county residents than several convenient smaller facilities. Because of the seniors' loyalty to this particular Center, the director planned to continue its operation after completion of a new building, which would not be located in the residential district.

The Center's location in a middle-class residential neighborhood convenient to necessary facilities, coupled with an ever-increasing array of services, undoubtedly prompted last year's 60 percent increase in membership. Approximately 25 percent of the county's elderly were served by these Centers; of those, about 35 percent were members of minority groups, nearly half had financial difficulties and about 60 percent lived alone. For most, the Center was the major source of recreational and social activities.

Facility

The Center facility was minimally adequate. Few partitions separated areas used for different activities. The kitchen was clean but lacked adequate equipment or storage for large group functions. The area for serving likewise limited the number who could be accommodated during covered-dish dinners. Parking was at a premium when staff and volunteers arrived, and participants parked on nearby residential streets.

Staffing

Encouraging active participation was a director well-known in the community. She used every opportunity to release information about Center activities. A trained staff and numerous volunteers with varied, often sophisticated skills offered a wide variety of activities and services.

Governance

Ten participants served on the board of directors. The director also encouraged the Center members to actively participate on committees and to voice their concerns and offer suggestions.

Program

The director defined a Senior Center as a base for receiving services. The monthly reports to the board of directors indicated that approximately 1,000 persons were receiving an unusually wide array of services. The group was also politically active, and the new Senior Center (its construction under way), was financed with revenue-sharing funds.

Several unique programs were observed here. The Center maintained both help-wanted and help-available advertisements in the city papers at all times. Seniors were frequently placed as companions for either the young or the very old. Preretirement training was given, with courses presented frequently for those 45 years of age or older. A Center garden, tended by those interested in raising vegetables and flowers, yielded food and decorations for Center functions and for individual use.

A minibus was available to members of the community through cooperation of the Center and United Fund. For those without automobiles, transportation posed a serious problem in the county. Meal service at the Center was not available, though the director hoped to obtain Title VII money in 1975. Title III money provided home-delivered meals five days per week to about 60 persons.

Community Relations

The director felt that volunteer assistance would be used to an even greater extent after the move into larger quarters. Though the Center was connected with churches, schools, the university and social service groups directing efforts to the aging, the director anticipated linkage to better health services when the health clinic, part of Phase I of the expansion program, was completed. The director reported full cooperation with state and Federal agencies on aging. Staff was shared and information exchanged with the area agency on aging. The local recreation and parks department had been completely cooperative, and many participants at the Center also belonged to social clubs for the elderly organized by the recreation department. Private casework agencies, community action programs, the Y's and the Salvation Army were reported as cooperative. This extensive linkage with other agencies, coupled with the director's capability in coordinating activities and services at the Center, had perhaps served as the force motivating the community to spend revenue-sharing funds for better facilities for the older population.

The activities and goals of this network were made known to the community at large through the media and personal contact. Special events at the main Center were covered by the local newspaper, either by a press release or by inviting the press to attend events. Community leaders, professionals in related fields and others were invited to the various Center sites to see the programs in action. All of the above made community contact and discussion of the multiservice program almost a daily activity.

CASE STUDY #19

Community

The headquarters of a southern county's community services council directed the operations of Senior Centers at seven locations. These Centers, with one exception, were located in public housing projects in widely scattered areas of the county.

The area was unique in recently having had a total reversal in financial capability plus changes in its age composition. Fifteen years ago the area was a sleepy resort section on the coast. The introduction of new industry was accompanied by an influx of young, technically trained, well-paid workers with young children. Builders responded to the need for housing by producing many attractive, single-family homes requiring a substantial income to maintain. A drastic decline in employment left vacant homes quickly purchased at distressed prices by the elderly. The elderly continue to move into the area, seeking haven from inflation, but costs have escalated and they can no longer afford to purchase and maintain the available housing. One former club-motel was remodeled for use as elderly housing. Other structures were built to house the many older persons, now representing over 30 percent of the county's population and increasing steadily.

Facilities

The primary assignment at this site was the observation of a headquarters staff operation; thus little attention was focused on the facilities available to senior citizens. It should be noted that, without exception, facilities were those provided on the first floor of housing apartments operated under the public housing authority. One Center was housed in a small facility operated by the recreation and parks department. A complete facility, including a large all-purpose room, craft shop, library, swimming pool and screened outdoor areas surrounded by extensive grounds, was observed at one site.

Staffing

The county had coordinated service delivery under the executive director of the council. The Senior Center program was but one of several programs directed through his office. The director of the senior activities program had available a staff of nine, several of whom were trained professionals.

Governance

The countywide senior activities program was governed by a volunteer, elected board of directors. An advisory board on services to the aging provided planning and technical assistance to the board of directors. An organizational chart for this program is attached.

Program

This extensive network was financed by a combination of Federal and state funds. United Fund monies and other local contributions were used as in-kind resources to secure matching funds.

RSVP, Meals-on-Wheels and Title VII were three projects currently funded by Federal money. The county has led the way in developing a transportation system for the elderly. Organized by the senior program, this project had been transferred to the county for operation. The director reported that the service provided over 135,000 rides to about 3,000 seniors in 1974 at a cost of only 29 cents per ride. It should be noted that the cost did not include any vehicle maintenance.

Title VII meals lost any welfare stigma that might have been attached to them because of the pleasant manner in which they were served. Nutrition counseling was provided during the lunch hour to those participating in this program. Physical therapy had once been available to those who could benefit from swimming, but the Department of Housing and Urban Development was considering eliminating the one pool available within the network of Centers because of exorbitant maintenance costs. A health facility stood unused at the Senior Center which had the pool. A recent state ruling permitted paraprofessionals to resume health screening tasks in congregate facilities. Though exorbitant costs of medical service were reported, no action had yet been taken to resume any medical service to seniors.

The senior activities program had recently participated in one of the most extensive outreach programs observed. As a result of a survey of the elderly being completed by another group, senior citizens needing any form of assistance were being identified and referred to the senior activities program. The project coordinator assigned a staff member to contact cases with serious need for assistance and referred others to the proper agency.

Recreation programs were supplemented by education programs, counseling and information and referral services. The former were operating under the direction of residents of the housing projects. However, the service-oriented activities and education programs under leadership of trained staff members or skilled volunteers were viewed as more important by the leaders of this organization.

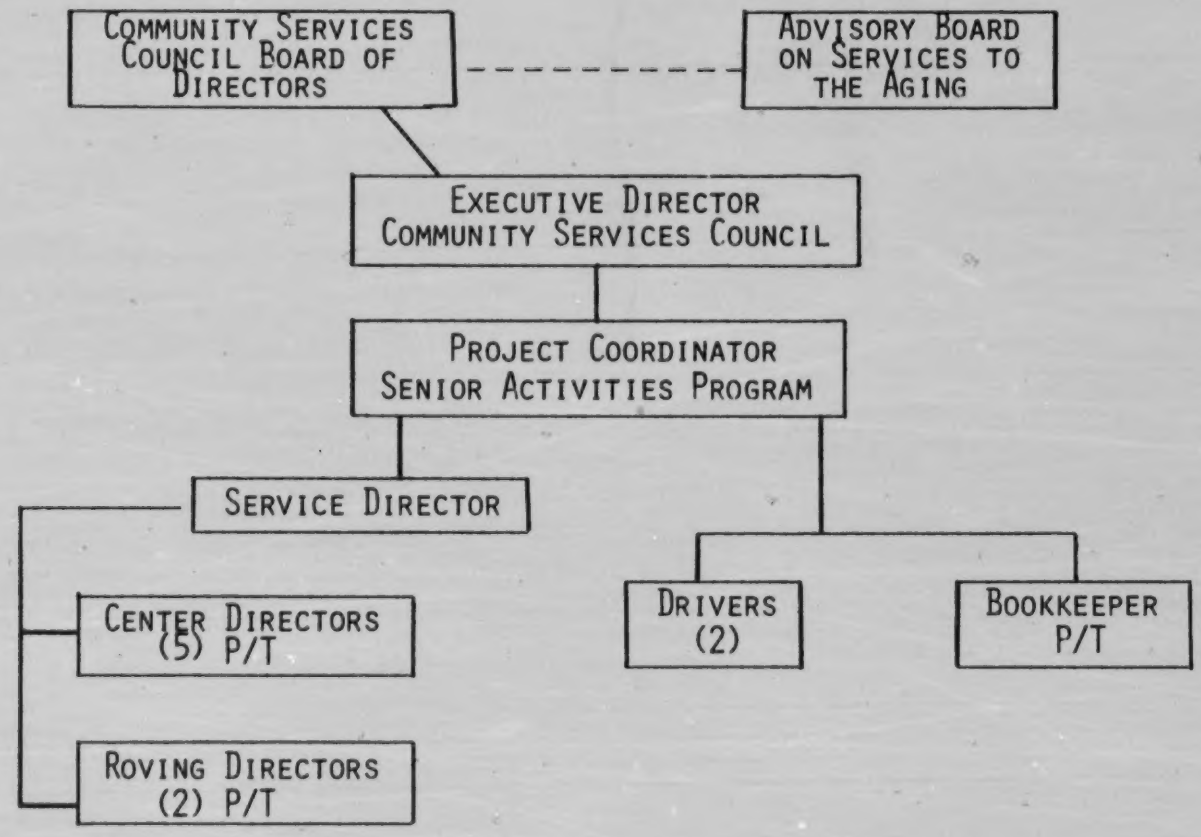
Community Relations

Staff sharing with other social service agencies in the area was non-existent, though an extremely active program of information exchange and a viable referral system with all other agencies had been developed.

ORGANIZATIONAL CHART

OF

SENIOR ACTIVITIES PROGRAM


COMMUNITY SERVICES COUNCIL BOARD OF DIRECTORS
ADVISORY BOARD ON SERVICES TO THE AGING
EXECUTIVE DIRECTOR COMMUNITY SERVICES COUNCIL
PROJECT COORDINATOR SENIOR ACTIVITIES PROGRAM
SERVICE DIRECTOR
CENTER DIRECTORS (5) P/T
ROVING DIRECTORS (2) P/T
DRIVERS (2)
BOOKKEEPER P/T

CASE STUDY #20

Community

A Jewish center located in a midwestern community of 300,000 was the site of this visit. The Center was located on a busy interchange and could not be reached except by individual transportation or Center minibus. The neighborhood was middle class, with several private and public high-rise buildings for the elderly in the vicinity.

The Center sponsored an older adult program serving more than 250 individuals 55 and over in its two-and three-day-a-week programs. The Center had a limited multiple-function operation, focusing largely on recreational activities. Its goal was to expand the operation and offer day care facilities to the estimated 1,000 county residents who needed and would participate in a comprehensive program.

The Center was affiliated with the National Jewish Welfare Board (JWB), the national association of Jewish Community Centers throughout the country and functions as the national service agency. The national requirements of JWB are simply that the Center serve as an effective and competent group service agency to both the Jewish and general community.

A significant number of members and program participants were not Jewish. Both Jewish and nonJewish members invited guests. The scope of service extended beyond the enrolled membership through special events, counseling and interagency activities.

Facility

The year-old building, situated on a large parcel of land adjacent to a freeway, was designed specifically as a multifunction service Center for all age groups, with consideration to older adults. The physical plant consisted of 70,000 square feet of space, including activity areas, gymnasium, swimming pool, health services room (sauna, steam, massage, exercise rooms), auditorium, dining rooms and lounges. All areas were accessible from main entrances without stairways.

Staffing

The executive director was professionally trained in social welfare administration, social work methods and community planning. He employed the professional, program, administrative and custodial staff.

The senior adult program was staffed by one person, with numerous volunteers. The relationship was a relaxed and easy one, though the members appeared to seek advice from their director before they would act. The staff person had been with the program for 17 years. She appeared to have multiple roles of programmer, coordinator, counselor and community liaison person. There was obvious need for a program person to relieve the director for more planning and community organization.

Training and/or education included biweekly staff in-service training sessions, weekly individual conferences between supervisor and supervisee, joint in-service training with the staffs of nearby Centers, participation in regional and national professional conferences and encouragement to participate in formal academic courses.

Governance

The ultimate responsibility for Center policies rested with the board of trustees. The board had retained an executive director responsible for the daily operations, implementation of policy and service to membership and community. In actual operations, there was a viable partnership between elected leadership and staff. Staff served as resource people, providing expertise in development of policy and responsible for implementing decisions made by the board and various committees.

The 36-member board of trustees was elected by secret ballot by the total membership, past presidents, president of the Center auxiliary and representatives from other Center affiliates. Board meetings were held monthly. Attendance averaged 25 to 30. Members of Center youth and older adult groups were invited to attend meetings and participate in the decision-making process. *Ad hoc* committees were organized specifically to develop programs that cut across the work of more than one committee. Committees strove to be flexible, make decisions and accomplish the task at hand.

Program

The senior adult program included the weekly general club meeting and special interest groups in choir, dancing, reading and drama. Special activities included intercity meetings, annual awards dinner, birthday parties and other holiday celebrations for which senior adults did all of the work.

The program also included friendship groups, which met informally in a drop-in lounge (available concurrently with organized groups, so that individuals could move from "structured" activities to informal activities); groups developed by participants as they "discover" their own interests, concerns and needs; referrals to Jewish Family Service or other casework and family agencies; liberal arts program in cooperation with local universities or other institutions; health and physical education programs (exercises, gym, water therapy, pool) and a nutrition program, consisting of only a snack lunch once or twice a week.

All members of the senior adult group were encouraged to make use of all aspects of the Center. As many Center staff members as possible were involved in facilitating older adult programming, each in his own area of expertise.

Senior adults who were able paid regular membership fees for services, but the membership committee was vigilant that those who lacked funds be given special rates. No older adult was denied any service or activity for lack of funds.

Community Relations

One of the goals of the older adult program was to promote new community services. The program coordinator worked toward setting a standard for the community in programming for older persons.

The older adult program reached out to nursing homes to pick up the more mobile participants. And the local family service agency referred emotionally disturbed individuals to the program. It also cooperated with the Red Cross, area universities, United Fund and labor organizations and took an active role in training other agency personnel in the concepts of aging.

The program exchanged information and received referrals from the public housing authority and various community action programs. Staff was also involved in convening meetings of other service agencies in the community.

Though radio and television were seldom used, and newspaper releases only occasionally, information about the program was frequently transmitted through the Center newsletter, community bulletins and public speakers.

Problems and Comments

The Center hoped to expand its program to provide full nutrition services, a 24-hour "hot line" and health services. A proposal had been submitted to the community to establish a day-care program to serve people in need of some supervision but who were mobile and could handle their own medication. It was believed that 10-20 older adults would benefit from such a program. The people would be brought to the Center by minibus or other transportation. Activities and meals would be provided daily. Such a program would have professional supervision, with a volunteer corps from the senior adult club.

Another needed program under consideration was Kosher Meals-on-Wheels. Hot meals would be delivered to Jewish adults unable to prepare their own; such a program currently was providing nonKosher foods. Usually, such programs are connected with extended-care facilities. Since residents of this urban area lived at home but desired care in Jewish facilities, the need for day care and Kosher Meals-on-Wheels was especially great.

CASE STUDY #21

Community

The Senior Center was located in a small city of approximately 10,000 persons. The city had its own mayor-council type of government, separate from the adjoining urban area. The general community was largely supported by employment and revenue generated from the railways that criss-cross the area. The city, located at the junction of two major highways, gives access to nearby mountain ranges offering a great deal of outdoor recreation.

There are two four-year colleges and one community college in the valley surrounding the city, and seven other four-year colleges are within 60 miles of the Center. The immediate community had a public library and was comprised of modest, individually owned homes.

The Senior Citizen Program, part of the parks and recreation department, was located in a one-story community building that serves as a facility for all age groups. The program, a little over a year old, was open to citizens 55 and over whether they were city residents or not. The participants appeared to be open, friendly, independent and financially secure, though at a modest level.

The only activities restricted to residents were those that required the minibus, which is town property. It carried 11 people, was often used on short trips and for weekly shopping tours to the nearby urban areas.

Facility

The facility itself had many drawbacks. It was a large, open room with no provision for wheelchairs. The steps approaching the Center had no rails; the washroom was cold and drafty; there was no space for storage of materials, and the kitchen was small and not suitable for groups to prepare meals. In addition, the Center was located a distance from the road. Though most participants used their own transportation or the minibus, the individual with a physical problem and using public transportation found it difficult to reach the Center.

Staffing

The Center staff was led by a young college graduate, who expressed a genuine desire to develop the program into one offering more comprehensive services.

Staff training included observation and consultation. The director had received assistance from other Center directors in the general area. She had a good rapport with the participants and enjoyed their activities and company as much as they seemed to enjoy the program themselves.

Governance

The director, new to the field, was just beginning to explore expanding the governing capacities of the member participants. She encouraged members to serve on various committees and had a director's advisory committee on which several members participated. All members were encouraged to offer suggestions about activities and services.

Program

The director began her job by scheduling a full calendar of events. She sent out a monthly newsletter that included a list of events, news, possible future programs, the names of shut-ins and sometimes a note of an apartment for rent. The newsletter roll had grown to over 500 and was increasing.

There were monthly potluck luncheons at the recreation center, usually attended by 70 to 80 seniors. In previous months, congressional candidates had spoken. During the site visit, the program was devoted to a film presented by a representative of the American Cancer Society. A doctor was at the meeting to answer questions.

The director scheduled a variety of craft programs and classes, most free to seniors. There were classes in sewing, quilting, guitar, knitting, cake decorating and ceramics. If a senior was qualified in any field, he/she was encouraged to teach the class.

Seniors traveled together in small intimate groups of 10 or 11 and in larger groups, requiring a commercial-size bus, on monthly trips. There was a group that periodically trekked to nearby shoe factories and other outlets. Some toured historical sites found within a day's drive. For longer trips, there were plans to visit resort areas in Virginia, Florida and the Grand Ole Opry in Nashville, Tennessee. Also for the travel bugs, there were trips to the Travelog, presented by a local community college.

The minibreak, a new part of the program, was a casual drop-in affair at the recreation center on Wednesday afternoons with refreshments, games, cards and bingo.

Community Relations

In the past, there was little collaboration with community resources, but efforts at linkage were beginning.

Problems and Comments

The director had expanded activities during her brief employment (six months) and envisioned much more for the future. A special senior citizens building where participating citizens could come and go as they chose was in her plans. The program had the potential to develop a more comprehensive approach to serving older people as the director gained more experience.

CASE STUDY #22

Community

A true multipurpose Senior Center, functioning as a service delivery system, was in a rural area in the midwest. The incorporated village at one time served a metropolitan area as a popular recreational and resort community. The postwar housing shortage created a situation in which summer cottages were readily bought and occupied year-round, primarily by low-income families and retired senior citizens. An occasional dirt floor still existed, and many homes remained uninsulated from cold winters. Reports in the community indicated that residences so deteriorated that they should have been condemned remained occupied, since low-income families and retired persons either have nowhere else to go or are financially unable to make needed improvements.

Only minimum services were available in the community--police, volunteer fire department and small medical and dental facilities. There were no hospital facilities or large medical clinics, though such facilities were either proposed or under construction. Hospitals and larger medical facilities were located in and around a nearby metropolitan area not easily accessible to residents of this rural area, as public transportation was nonexistent. The few doctors in small medical facilities in the rural area had difficulty dealing with an excessive number of patients. As a result, local medical facilities were refusing to accept new Medicare/Medicaid clients.

All socioeconomic levels were represented in attendance at the Center or affiliated clubs, and while inadequate facilities prevented certain activities and placed heavy constraints on the delivery system, staff and participants approached these constraints as minor obstacles to be planned around.

Facility

The multipurpose Center operated out of a former car agency showroom. The structure was hardly renovated before becoming a service center. The single-level facility contained a large all-purpose room and a large open area filled with desks and outreach staff from service agencies. A wide hall between the all-purpose room and director's office served as office space for the five-member staff. Running water, a sink and one restroom, used by staff and participants of both sexes, had been installed in a borrowed storage area a step up from the all-purpose room. The administrative offices were separated from the Center activities only by partitions that did not reach to the ceiling, allowing the noise of office machines, piano or conversation to reach every part of the building. The day room was completely devoid of comfortable furnishings, such as easy chairs or couches. All available space was filled with small tables and chairs for dining. Active exercise classes, crafts, recreational activities and social interaction took place in and around the tables and chairs.

Facilities were completely inadequate and bordered on substandard. However, plans were rapidly developing for new facilities to house the programs, and both staff and participants emphasized program and service benefits and opportunities rather than facility problems.

Staffing

The Center was staffed by an executive director, responsible for the senior program and service to other generations, and two community workers, one senior aide, a secretary and a van driver. None of the staff members was professionally trained, but the director had taken advantage of in-service training offered by the state office on aging; staff members appeared to have good rapport and skill in working with older people.

Governance

Governance of the Center was under director's complete control, assisted by an advisory board from the community. While the older people were involved in social action and fund raising on behalf of the Center, their only connection with decision-making was communication with the community worker serving as program director of the senior programs. The program director appeared to have difficulty in recognizing when staff involvement was no longer necessary.

Program

The multipurpose Center was started with Economic Opportunity funds as an intergenerational facility. The Center had received Title III and United Way funds, but these were no longer forthcoming. Title III funds were used to purchase a minibus and implement a transportation program. The program was currently operating on funds donated within the community.

The Center's goal and practice were to serve all generations. The pressing numbers and needs of older people have turned the facility into a "de facto" Senior Center.

Service was the primary focus at the Center; older people received services or gave them to their peers and community. Each program group, from square dancing, kitchen band or even a sewing class, was responsible for one visit each quarter to a nursing home to entertain or visit with the residents and give them favors or gifts. Center participants also conducted fund drives, worked on community drives--such as heart and cancer funds--made items for nursing homes, dressed dolls and repaired toys for needy children and worked in the RSVP as volunteers in the nutrition program and Center.

In addition to home-delivered meals, a Title VII nutrition program served over 65 meals per day at the Center.

The area where the meals were served doubled as a drop-in Center, exercise, recreation and game/class room. Individuals started arriving by 9 a.m. for organized arts and crafts or socializing. Some of these individuals did not stay for lunch and, of the "regulars" who did have a meal, some arrived early, others just in time for the meal. After lunch, bingo, cards and other sedentary recreation were available.

The Center used a minibus from early morning until 8 o'clock at night. Seniors were transported to medical facilities, grocery stores, to pay bills, to emergency medical treatment, to the nutrition program, social services and, on occasion, to recreational activities. Under the current operating budget, funds to pay a driver and to maintain the bus were solely dependent on local contributions.

Other procedures at the Center warrant brief attention. During tours and trips, a list of participants was left with local police departments in the event of accident or illness. When a protective service call was received by a police department, the Center was contacted and a staff member accompanied the officer to the home. Seniors wrote thank-you letters, in addition to official letters from the director, to those who provided assistance. The Center assisted an association of realtors in a housing promotion, whereby realtors painted one house per week, free of charge, for a senior resident. Community youth worked in a training program of housekeeping, minor home repairs and gardening, and they provided these necessary services for seniors at no charge.

The director identified the information and referral and counseling as the most successful program conducted by the Center. When asked to account for the success, he responded, "We can see visible results following implementation of the program."

Community Relations

As a result of the multipurpose service delivery system, this fragmented rural community was linked to all existing social service agencies, and services were either taken to the older person or the older person was transported to the service.

Space was provided at the Center for outreach workers from the legal aid, department of public welfare and Food Stamp program on a regular basis. Social Security and vocational rehabilitation outreach workers were in the Center until office space was recently acquired nearby. Staff from both the Internal Revenue Service and local tax assessor's office were available on the premises during "tax periods."

Problems and Comments

Participants at the Center had an unusual perception of "their" Center or of "being a part of the Center." Individuals chosen at random, from a list of Center participants using services such as transportation or home-delivered meals but who had never been to the Center facility, reported for interviews. These individuals felt very much a part of the Center program. They said the services were allowing them to stay in their homes, out of nursing homes or homes of relatives; that they were receiving "all they needed from the Center," "had no need to or could not go to the facility," and that "the Center brought services to their home."

CASE STUDY #23

Community

An affluent suburban area of a large midwestern city with a history of growth and development provided interesting demographic characteristics. Two industries brought many immigrants and skilled craftsmen to the area. The development of small businesses by former merchants or craftsmen accounts for a high number of retired businessmen in the area today. Additionally, families which immigrated into the area tended to remain, and their descendents are the retirees now found in the suburban area.

The 20-year-old Center was bounded by business and shopping establishments on one side and spacious, beautifully cared-for, single-family dwellings on the other sides. Community facilities, with the exception of a hospital, were either on the premises or nearby.

The Center drew participants from several surrounding suburban communities. The retired person, the widowed and those who were transplanted to the area after retirement, often to live with children, are considered the Center's real target group.

The unusually young 50-year age limit for membership meant the Center served approximately 10 percent of the aged population in the suburban area. An unusually large number of males were active, accounting for 42 percent of the membership. Ninety-seven percent were from managerial, professional and white-collar backgrounds. Sixteen percent were 85 years of age or over. Male members were on the average 10 years younger than the females.

Annual dues were $15 per person, $25 for a couple. The Center had a fund, supplied by donations and bequests, to pay memberships for a limited number of individuals unable to afford the necessary fees.

Facility

The Senior Center was located within a larger community center facility. Space allocated for seniors was not used by other age groups. This space was recently renovated and refurnished in accordance with the wishes and, in part, with funds raised by the members. A bowling alley, theater, auditorium, craft and game rooms and a gymnasium on the premises were used regularly by participants.

The senior facility had a large administrative office, dining area, kitchen, counseling offices with separate lounge and a large lounge/day room. Additionally, the large halls throughout the entire community facility had small lounge areas or alcoves furnished with comfortable chairs, sofas and small tables for reading or game materials, all designed for maximum social interaction, observation or chance encounters. The public areas outside the activity rooms encouraged interaction between program participants and/or drop-ins.

Public transportation was available in the surrounding areas, though routes did not pass the Center. Volunteer drivers provided transportation to Center activities on request. Most members arrived in private automobiles that filled up an adjacent parking area and nearby streets, to the extent that finding a parking space was difficult and required walking some distance to reach the Center.

Staffing

Five full-time professionals, one secretary and three part-time senior volunteers comprised the staff. Assistance from over 240 volunteers made the broad scope of programs possible.

Governance

The Center had a members' council elected from the entire membership, which served as a sounding board for new programs, guidance for continuing activities and a forum for exchange of ideas. The major function of the council was liaison between the participating membership of the Center and the board of directors. Day-to-day operations were under the supervision of the director, who received communications from the members' council but reported to the entire board of directors on which the council had representation.

Program

The Center was supported by public funds from the surrounding towns, several United Funds, donations, gifts and income generated by the members and their activities. Income from member-initiated functions provided 40-45 percent of the total Center budget.

Programs at the Center consisted of 50 or more regularly scheduled events. Several activities were scheduled simultaneously five days per week and occasionally on weekends. Educational and recreational activities, health testing, preretirement counseling and defensive driving are examples of the many program components. One day each week was women's day at the Center, with activities and/or events of special interest to women. Another day was men's day, when a men's club met for current affairs, investment club, bridge and lunch. On either day anyone was welcome to drop in and socialize in the lounge areas, but all organized activities were planned for the designated sex. There were nine programs for men, 19 for women and 14 for both.

While the Center used only one location, staff members assisted with the development of senior activities at other minicenters. School and park facilities were available to the Center for programs, making these efforts more effective.

The outreach component provided by the staff, assisted by volunteers, was especially successful. The counseling service offered by professionally trained social workers was certified by the state mental health agency to serve all seniors in the area professionally and confidentially. The counselors were available to anyone over age 50 and their families. Contact was maintained with members who were hospitalized or had moved to retirement or

nursing homes. Volunteers assisted by making regularly scheduled friendly visits to members no longer able to attend the Center. The counselors also followed up on referrals from both members and community sources.

When this particular Center was organized, counseling was a stated goal. As the needs and desires of older individuals began to emerge, the more than 50 program components developed to meet these needs. Newsletters, announcements of special events, visits from counselors and friendly visits to members in retirement or nursing homes keep these individuals and their families closely linked to the community through the Center contacts. Other older persons and families, seeing the Center's example, are able to view an alternative living arrangement as a normal continuum of life rather than as a traumatic cut off from community or peers. The Center director credited the early recognition, immediate assistance and amelioration of a problem and the encouragement of staff and members with helping so many "old" seniors remain active in the program.

The Center's expressed philosophy was, "We don't have a 'do for' attitude--staff and volunteers work with the members, not for them."

One unusual service was a protected environment for tours and trips. In this atmosphere, members well into their nineties could travel. Older individuals who do not speak clearly or move rapidly could travel with the group in comfort, with the assurance that their infirmities had been considered. The service drew members from throughout the area and retained members who might not need or have the agility to use the recreational and social services. Those members took advantage of the protected travel to fulfill long-unrealized dreams.

A large men's program with several hundred per week in attendance was considered the most successful program. The director noted that men sometimes feel isolated from former business or occupational contacts, feel surrounded by women and without a well-defined "role" in retirement. The men's program was originated by a small group of men who felt a need to discuss business, the economy and other common interests with other men, in an atmosphere away from the sometimes critical or intolerant younger generations. This program includes a weekly speaker and discussion on current affairs, investment club, weekly breakfast and lunch, sports, cards, etc. Numerous men observed that, though they enjoyed the organized activities, they actually attended to visit with their friends, make new friends, discuss common masculine interests, and get away from the house cleaning, grocery shopping or from younger families. The club was self-governed, with a highly structured committee system to deal with programs, activities and fund raising. While the club did provide an atmosphere for socializing and an outlet for recreation, an underlying objective was to provide leadership roles for those who may have relinquished management roles through retirement.

Community Relations

Forming linkages with other agencies in the surrounding communities and making the communities more responsive to the needs of the older people appeared to be a major focus of this program. Also, the Center staff, volunteers and members were actively engaged in developing other sites in the adjacent towns, and some members occasionally attended those sites.

Problems and Comments

The high level of income, educational background and positions of influence enjoyed by most members, along with high membership dues, could discourage less-fortunate or outgoing individuals from attending this Center.

CASE STUDY #24*

Community

A state-supported Senior Center which had developed its services around the model suggested in Centers for Older People was set in a large cosmopolitan city. The Center served assorted linguistic groups, including Japanese, Chinese, Hawaiian, Okinawan, Filipino and English. The simplest way to maintain or achieve group identity in this particular Center was through the preservation of ethnic cultures. As a consequence, many participants remained at this level, while others progressed to the identity of a multiethnic Center that concerned itself with the total community.

This Center had planned its program to serve a clearly defined target population--24 inner-city census tracts. Services and activities were offered that would both emphasize the diversity of older people within the community and recognize that many older people are well and able to participate in enriching experiences. Also reflected was an awareness of the usefulness of older people, as they offered their services in a wide variety of public and private agencies. Besides the Center had demonstrated to the community that older people have the same needs for belonging and social and intellectual stimulation as younger people.

Demographic information on participants revealed that the majority fell in the 65-74 age group, were from farm labor backgrounds, were married and had an education of five to eight years, with an annual income of less than $3,000. The participants walked or rode public buses from an area of run-down houses and/or somewhat more adequate apartment buildings.

Facility

A one-level facility constructed specifically for the purpose housed the Senior Center. The building was well-designed, and basic "X" hallways made all parts readily accessible. Offices were at one end; instruction and craft rooms, recreation and kitchen facilities filled the remaining space. Furnishings appeared adequate for the activities provided. There was a barber chair at the end of one hallway where men paid a dollar for a haircut. There was no such facility for women.

The Center was dedicated to growth and development. Plans were under way for expansion of the kitchen, so that 200 meals per day could be served. A roof was to be added over a patio to provide an outdoor recreation facility usable even in inclement weather.

Adjacent to the Center was a garden area, in which vegetables and herbs were grown to be used in the meals served on the premises.

Staffing

A professionally educated director with special training in aging managed the Center. Coordinators, assisted by several aides and approximately 100

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*This site was visited by a staff member, who generously volunteered a week of time while vacationing in the city.

instructional volunteers, provided the day-to-day direction to both individualized services and group activities. Staff members were given an opportunity to continue their professional development during monthly meetings, attended by professionals and students in the field of aging, and by the availability of paid tuition for further education, paid professional memberships and numerous other incentives.

Governance

An advisory committee consisted of six members elected by the participating membership and four members who were representatives of public or private agencies. The actual governance, however, was by a participant advisory board restricted to the area participants, though services were extended outside the area. The rationale behind this decision was an effort to maintain the identity of the primary consumers, making the senior participants themselves responsible for the direction and development of the Center.

Program

Started as a demonstration project with a combination of Federal (Title III) and state funds, the Center has been wholly funded by the state since 1974. Reports during the demonstration years of the program documented the favorable impact of its work on the lives of the participants and the positive influences the project had on the community. As a result, the state legislature appropriated permanent funding for the Center.

For purposes of administration, this Center and its programs fall within the overview of the state department of human services.

The Center opened in 1969 and, in view of its success, in 1974 it received a request from the state legislature to expand its responsibilities as follows:

> Through the guidance and assistance of the State Commission on Aging, reassess its role and function in the spectrum of programs and services to the elderly and strongly consider a greater role and function in providing exemplary programs, training and research and other resources to Senior Centers in the state.

The concept of a multipurpose Center is demonstrated by the three major service components: 1) group activities or a range of services already offered in traditional Senior Centers--recreation and leisure-time activities, clubs and volunteer services; 2) individualized services including counseling, linkages with public and private agencies and advice on health and other personal problems, and 3) community development influenced by the former community action program orientation, emphasizing the participants' involvement in the mainstream of the community, including leadership training, identification of service gaps and advocacy.

An average daily attendance of 250 persons take part in weekly offerings of more than 57 separate activities. Program activities were designed one day each week around the interests of a particular ethnic group, and classes and crafts were offered in that language. It was an excellent arrangement because of language barriers, different lifestyles and customs; but anyone could participate in any activity at any time.

Programmatic objectives at this Center are twofold: To increase the opportunities for older persons to realize their potential and capabilities from within the Center, and to provide opportunity for agencies to deliver integrated and coordinated services from within the Center. A listing of the agencies and the types of services might prove useful.

The department of education, adult division, taught sewing, basic English, various foreign languages, citizenship, flower arrangement and language and culture for ethnic groups. Departments of social services, vocational rehabilitation and health served the Center. An unusual service by the department of health was activity sessions for residents of boarding homes. Instructional volunteers, trained by the Center, taught classes in folk and ballroom dancing, crafts, music, swimming, religion and hair grooming. Also available are excursions, special events, a culture and arts program, an outreach program, weight watchers' classes and group visits to institutions.

Individual services to older people were available, including information interviews, counseling, referral, outreach, health screening, health education and assistance with transportation.

Community Relations

The extensive community relations effort was reflected in the cooperation the Center received from other agencies in delivering their programs. It was also reflected in the support they obtained from the state legislature.

Problems and Comments

To determine a cause-and-effect relationship and to evaluate the benefits older people derived from this senior program, specific geographic boundaries were delineated by the Center. The growing demands for services by older people outside the specified area would indicate a wide acceptance of the Center and its program. Additionally, the Center's success was becoming so well-known in the city that persons living in more affluent areas were demanding its services.

An observer would immediately notice the life and exuberance of members and staff. The board of directors, participants and staff all appeared to believe firmly that this multipurpose Center was a group of self-selected participants, whose program involvement and participation increased their own well-being and enhanced the total community.

CASE STUDY #25

Community

A small midwestern city in an agricultural county was the setting for a storefront Senior Center. Though a major highway connected residents with larger service areas, the interstate routes bypassed the city; as a result, the area retained many of its rural characteristics.

The majority of the Center participants were in the 65-74 age range. Individuals over 50 years old were also eligible to use the Center. A number of residents over 85 years of age were also in attendance.

Over 85 percent of the participants lived outside the small town, and used the Center as their major nonfamily activity. Homogeneity of the group was reflected in blue-collar/labor and farm backgrounds. Though the majority of the participants were white, the Center also served black Americans and Spanish-speaking individuals.

This Center was struggling for survival due to termination of Federal funding. Title III funds had been used to establish the Center, but local support was not provided at the end of the demonstration period. Operating from a renovated storefront facility, the Center was attempting to remain open with a program scaled down to sedentary recreation, creative activities and limited information and referral.

Lack of transportation and the fact that 20 percent of the participants lived alone appeared to be an important factor in limiting attendance. Some participants drove several miles; others were driven by family members. But those living alone, especially older widows without any family to support their activities, were unable to attend the Center.

Facility

The facility had two rooms and a small kitchen. An all-purpose room was devoted primarily to crafts, with articles for sale displayed in a showcase in the street window. This room also contained the director's desk, as private office space was unavailable, and a television set and pool table. The second room was filled with card tables, which had doubled as dining tables when potlucks were served. A small but adequately equipped kitchen was adjacent. Space was a problem, though, even with small groups of people.

Staffing

The loss of funding had necessitated a cutback in staff. In the absence of a director, a clerical employee had assumed the title, duties and responsibilities of the director. This acting director, serving without professional training, staff support or funds for programming, was attempting to keep the Center open and its participants interested.

Governance

Older persons served on a governing board and, though it was reported that they were encouraged to serve on committees, there were neither standing nor special committees. Participants did not appear to be involved or concerned with making decisions about the Center.

Program

The Center was under the direction of the United Fund, which had provided the matching funds during the Title III financing and continued to provide limited operating money.

During the Title III funding period, approximately 250 persons received service and/or participated in activities. Educational activities, nutrition counseling, home-delivered meals and active and sedentary recreation had been available. Participants had prepared well-attended potlucks. A local nursing home was visited regularly as a community service project.

With the loss of funding, services were no longer available; the activities were concentrated around making crafts to raise money for operating expenses. A small group of participants congregated at the Center each morning to work on the crafts fund-raising project. A game of bingo drew from 25-30 participants, and the pool table and/or television attracted occasional drop-ins. Though information and referral was reported as a service, professional counseling and direction were not available, and the Center primarily informed users of the location of services in the nearby urban areas.

Community Relations

Community interest in the Center seemed to be lacking, as evidenced by the failure of the community to pick up funds when Title III terminated. The Center was not desperately trying to stay open on its own with some support from United Way. If they had been more actively linked with community agencies, perhaps their financial situation would have been better.

The only outreach was a regular visiting program to a nursing home. Prior to termination of Title III, they had also had people from the nursing home come to the Center to join in meals and programs, but this activity had ceased. There was a general slowing down of all activities in an attempt at survival.

Problems and Comments

Both the acting director and participants were friendly, but the Center atmosphere was passive and quiet. There were no specific plans for growth or the development of a more varied program. Apparently local decision-makers had not been involved in attempts to revitalize it or to rebuild a program so the Center could again facilitate services for older people within the rural area. Leadership development was not stressed with the result that older persons did not express their own need for programs or funds.

The small city had little to offer older people. The Center was needed to draw together persons who lived alone in the country or in the city, which had no public transportation.

The Title III funds had provided a minibus for the Center, and, in the absence of this bus, transportation was a critically needed service. Parking to those who could drive was a problem. The Center was on a main street in town, and parking was limited to street parking and a few spaces behind the building.

This program could be used as an example of what can happen when effective community organization is not undertaken at the onset of a federally funded program predicated on a diminishing match basis. The Federal funds were seed money to develop a program that appeared to serve the community, fill voids, offer social opportunities and an escape from loneliness and isolation for the older persons. But the community did not support a commitment to provide its share of matching funds, and the Federal money was withdrawn. Observations during the site visit revealed a community that realized too late the importance of a Senior Center. Older participants whose lives had been enriched by attendance at a Senior Center were not disillusioned by a loss of services and activities, and a small, committed group was struggling to keep the Center open. At a minimum, the availability of this drop-in Center would provide companionship and possibly remind the community that its older people have unmet needs.

CASE STUDY #26

Community

The Senior Center was located in an incorporated suburb of a large midwestern manufacturing city. Diversified industry, producing electrical and metal products, iron and steel and machine tools, has provided varying levels of employment opportunities and a history of economic security. Consequently, retirement incomes for skilled industrial workers have made economic problems less acute for older persons in this area.

Thirty-five percent of the participants were men, well-represented at the various educational activities.

The Center did not provide transportation. Public transportation was available within a half block, but the service was reported as inadequate to meet the needs of the older population.

Facility

A public building constructed within the last five years and provided rent free by the city housed the Senior Center. The facility, adjacent to the City Hall, contained an auditorium, kitchen and pool room used by all age groups and two multipurpose rooms for the specific use of senior citizens. Limited space adjacent to the all-purpose rooms was available for administrative offices. One activity room was arranged to accommodate a small television lounge in one corner, an area was used for resting, meeting and conversing with peers or just observing the Center's continuous activity throughout. An enormous well-equipped kitchen was used for the meals program. The Center was accessible to wheelchairs. Restrooms were adequately equipped for handicapped individuals.

Although the all-purpose rooms were spacious, the auditorium was used when 200 or more persons turned out for events such as pinochle tournaments. The availability of the auditorium further expanded the range of programming possibilities.

Parking at times became a problem. One parking lot was at the bottom of a steep incline, and some older participants had difficulty managing both the incline and distance to the Center.

Staffing

A director and six part-time coordinators were responsible for the various activities and services. The director had attended numerous short courses to become better prepared for Center operations. In the absence of professional training, specific courses in the area of aging had undoubtedly benefited the director, reflected in a pleasant, friendly atmosphere, a dynamic growing program and continued local support.

Governance

Operations at this site were under the director's complete control; she reported directly to the mayor. A number of participants were involved in the committee structure--and special committees, usually activity or task

oriented, drew good participation. The director was receptive to and encouraged input from participants but indicated that self-government was more an ideal than a reality, even though the participants were given ample opportunity to voice their opinions.

Program

Activities and services received equal emphasis at this Center. Sedentary and active recreation drew several hundred participants. Exercise classes, pool, cards and limited arts and crafts were among the offerings. Reduced rates for senior citizens were available for bowling, swimming, swimming lessons and public transportation. Information and referral was available from a coordinator at the site, as was assistance in completing different official forms. In the absence of a professional counselor, informal counseling was available both from outreach workers and the director.

A Title VII nutrition program provided hot meals for 100 persons four days each week, and meals were home delivered to another 80 individuals.

Community resource people assisted with classes, lectures and discussion groups. Though recreational activities drew large numbers of participants, the older people also recognized and accepted community responsibilities. Friendly visiting, escort service and assistance with youth groups, nursing homes and mental and general hospitals were provided by older volunteers.

Services such as employment, health and legal aid served only a few individuals. Whether the requests for such services were minimal or whether more emphasis should be placed in these areas was not determined.

A satellite several miles from the main Center opened late in 1974, and the storefront Center functioned for drop-ins. Because of the proximity to shopping and other services, people entered the Center to talk or to enjoy a cup of coffee en route to grocery stores or laundromats. Drop-ins, predominantly women, worked on a quilt or just checked to see who happened to be present. The satellite appeared to be serving a genuine need for companionship and as a source of information and referral. Offices for the administrative staff, including the directors, were located in the satellite facility. The director had delegated authority and responsibility to staff members assigned to the main site and was spending considerable time at the satellite location, attempting to build a viable program. Attendance was increasing at the satellite, and individual and community needs relating to the role of a Senior Center were beginning to emerge. The satellite was serving a completely different socioeconomic group from the main Center. The director was aware of the different backgrounds and interests of the two groups and has encouraged intermingling--but to no avail.

Community Relations

Reports from this community indicated extensive gains in the ability of the aging program to act as an intermediary with the community, to serve as an agent of change and to promote new community services. Community support, in the matter of a rent-free building, supplies and municipal and local funds, also indicate a strong local commitment.

Community linkages appeared very strong in this Senior Center. The group enjoyed interaction with agencies in the area of health, welfare and education, with nursing homes receiving special emphasis. In fact, observations indicated that this Center had total involvement and acceptance in the suburban community.

Problems and Comments

Enthusiasm for the Center and activities, a spirit of cooperation and a willingness to assist in any facet of the program were displayed by both participants and staff. Observations revealed an atmosphere in which older persons developed new interests, renewed ego strengths and found psychological reinforcements.

CASE STUDY #27

Community

The Senior Center, located in a small town in the midwest served a county area with a population of almost 50,000, with nearly 20 percent aged.

The town had sprung up at the end of the last century with immigration of foreign groups to work in the mines and to farm the rich lands bordering on two large rivers. The mines gradually closed down and, through concerted efforts of the chamber of commerce and concerned citizens, factories have replaced mining and farming as industries. Many of the older people had worked hard in industry and had vivid memories of the historical days of union troubles, mine disasters and hard times. They represented a mixed ethnic group and a diversity of experiences.

Town residents could reach a large metropolitan area only after several hours of driving, so the community relied on its own services for almost all needs. The hospital, library and police department, all contained within the downtown area, were close to the Center. Neat buildings reflected community pride. There were a large number of churches of various denominations. Housing was modest, except for one development where upper management from the plants had recently settled. There were apartments over stores in the commercial area, and a "high-rise" for the elderly was close to the Center. This five-level structure looked incongruous with the architecture of the town, but was referred to with pride by a number of the older people living in and around the facility.

Facility

Located on a prominent downtown corner and a former local bank, the Center facility was visible and familiar to all. Almost the entire front of the building was covered by a large commercial window. People sitting in chairs within could look out, and passers-by could look inside "their" Center.

The multipurpose room or main part of the Center was spacious. Office space had been partitioned off to give the staff some privacy, which they felt was necessary to facilitate performance of clerical and administrative duties, as staff interaction with members of the Center was fairly constant.

Staffing

The director was a local individual without special training but with a well-developed sense of the target population's needs, of individual differences and of the need for the Center to be an integral part of community life.

Governance

The Center board included Center members and other individuals active in the community or in Center work. Several of the members also served as Center volunteers and in the mobile meals program.

Program

The Center's multipurpose function resulted from an effective merger of Federal and state funds. Local contributions and membership fees were used for in-kind matching and as financing for some projects.

A typical day at the Center found staff and users arriving at 9 a.m. to begin an eight-hour day. The coffeepot was filled, and members drifted in to talk with one another and with the staff on an informal basis. The volunteer host/hostess was ready to welcome people who dropped in, to show them around and to provide a copy of the monthly activities bulletin. Activities for the day began at a set time: Ceramics, cards, art classes, quilting and the arrival of the Social Security representative were scheduled.

A number of activities could be scheduled simultaneously. Ceramics was available in a special room, taught by a professional trained both in the arts and in gerontology. Cards and other table games were played at tables along one side of the large central room. The card games did not appear to intrude on other scheduled activities or on persons who elected not to be a part of the games. This arrangement was important, since the values of many residents prohibited them from playing cards or dancing, another Center activity. Participants who objected to certain activities seemed able to tolerate them because they were not intrusive.

The staff's musical abilities contributed to the pleasant atmosphere. For example, the housekeeper, also a guitarist, was ready to put down the vacuum cleaner and take up the guitar for spontaneous singing and entertainment. The kitchen band, an important part of the Center's activities in the community, in nursing homes and other institutions in the county, was accompanied by one of the secretaries who could leave the office and go to the piano when needed.

Community Relations

A major Center function was the information and referral service. The Social Security office some distance away sent a representative once a week to help members and others. Income tax help was available, and the Center thus had become a major source in the community for information to the older population.

Problems and Comments

The lack of transportation in the area was a problem. Individuals not living close enough to walk to the Center or without a car were limited in attending. The transportation deficiency was recognized as a priority item for future funding. Additionally, a transportation service would influence attendance patterns and extend the services already provided.

The Center's integration into the community was apparent. There was a constant refrain of "our Center" coming from people with varied levels of investment in it. The particular relationship the director maintained with the people in the town permitted a great deal of freedom for participants but also placed a great deal of responsibility on her. Her function and community role had pushed her into making decisions which should have been made by members.

The director felt it was important for the Center to have a visible, viable role in the community. The governing board and staff were committed to the idea that a multipurpose program should be concerned with serving senior citizens in every aspect of their lives, if needed.

CASE STUDY #28

Community

The progeny of a state agency in the mid-fifties, this Center has developed into a model publicized nationwide. Many visitors from across the United States, both professionals and laymen, tour the site each year. Both the new, functionally designed building and an unusually wide variety of services and activities account for the national attention. The historical development is significant in the Center's evolvement from a "grass roots" movement, its utilization of volunteers, involvement of agencies and institutions and gradual transformation into a multipurpose service Center.

Approximately 20 years ago, the first commissioner of a state department of mental health expressed concern for the many aged in state mental hospitals. A conference of educators, public officials, business leaders and professionals in human services affirmed the need for research in problems of the aged. This group proposed that a community program embodying research and the demonstration of services be developed in a particular urban area of the state.

The next step was to sell the project to the particular urban community. With the cooperation of community agencies, the state department set up a series of meetings with local leaders, including social agency representatives, nursing home operators and business, labor and industrial officials. Individuals who seemed to have the most interest and were willing to work on the project were identified.

Later, a small group decided to form an incorporated body and took out a charter of incorporation. They agreed to start a program focusing on:

> ...establishing a community center for the purpose of providing, fostering, encouraging, promoting and developing activity, recreation, education, personal counseling, vocational counseling and health services among older persons, for which purposes nonprofit cooperative associations may be incorporated and organized.

In the program's early stages, there was an understanding that the department of mental health would make a financial allocation and offer consultation; the incorporated body would implement the model program.

A community-based agency, through liaison with the local community council and community chest, offered the use of a building for a headquarters and a three-day-a-week program. The incorporated body hired a part-time program worker and started to develop a program.

At present, the Center maintains a membership of approximately 3,500 persons, though in an average month, upward of 8,500 persons may be accounted for in the group services.

Three categories of memberships were available: Basic dues of $3-$5 yearly; contributing membership of $10 yearly, and sustaining membership of $25 yearly.

Facility

Private foundation funds were utilized in constructing the new sections of the model facility, completed as funds become available. Built around a renovated school that housed the early Center, the complex now includes a permanent health service component, a day-care unit, cafeteria/dining room, auditorium with a stage and special class/activity rooms designed and furnished for specific arts/crafts and ceramics.

The three-level structure has a ramp into the lobby or center of the building. The lobby is broken up into units by the arrangement of functional furniture. Most rooms are multipurpose, such as the dining room, designed and equipped for use both by day care attendees and Center participants.

Staffing

Staffing for the facility was provided by 13 full-time and 10 part-time staff members, seven professionally trained. An average of 60 volunteers worked each week in the Center also used as a training site for graduate students of social work and approximately 10 students working in field placement assignments. Included on the professional staff were a full-time nurse, a dietitian in charge of the food service, a psychiatric social worker and a physical therapist, who conducted exercise classes and was also available for consultation to the crafts program.

There appeared to be good rapport and interaction between staff members and participants. Staff members ate lunch in the dining room with the participants; with the exception of the director, whose administrative and community responsibilities isolated him from the participants, staff members were accessible at all times to participants.

Governance

There is a board of trustees, to which the executive director reports, and a members council, one of the group activities offered at the Center. Interaction between these two groups takes place through the executive director.

Program

The original program worker organized an advisory committee of senior citizens from a group of individuals suggested by the board and community people. Largely on the advisory group's recommendations, the first activities offered were: Sewing class, millinery class, oil painting class and woodworking shop.

Additional staff and program components were added over the ensuing years. The more unique additions included adult basic education for the blind and visually handicapped, training institute for adult leaders, multiphasic screening clinic and a day-care unit, plus Foster Grandparents and mobile meals.

This program endeavored to offer its members the opportunity for productive and satisfying use of free, unused daytime hours to overcome the empty and lonely hours left by loss of employment, business and household duties

or family responsibilities. In actuality, it has become a mental health and adult education program, promoting the older person's social and emotional development and giving him companionship and activity in an environment favorable to his continued growth. It serves as a model that developed and grew, based on the premise that the older person has both talents and strengths, and, given either opportunity or encouragement, will use these talents or strengths effectively.

The spirit of that premise has been followed by the board of trustees and staff in conducting an ongoing evaluation of the program. As the day center became a multipurpose Center, five basic program elements which a multipurpose Center should have were identified as follows:

1) Opportunity for social experience through group activity

2) Opportunity to obtain supportive services on an individual basis

3) Opportunity to obtain health service

4) Opportunity for nutrition services

5) Opportunity for disabled to have intensive care for social rehabilitation

The present program includes the five areas of service. In addition, the incorporated body has two main dimensions:

1) It is a membership organization in which older persons find a sense of belonging, act together to obtain the things that they want, need and/or enjoy, and share in a larger fellowship of common interests, values and goals in a changing society.

2) The community, with help from the incorporated group, has come to think of the Center as a system for the delivery of certain services to specific groups.

To understand fully the incorporated governing body which administers this multipurpose Center model as a community agency and force, an examination of the philosophical assumptions guiding both the board and staff is necessary.

The incorporated group emphasizes it always addressed itself to the older population as a whole--not to any one group exclusively. The intention was never to reach only the physically well older persons, only the disabled, only the isolated; nor was the intention to serve any particular social class or race. Rather, its goal has been and continues to be to reach all segments of the older population and to have membership and participants reflect the composition of the general community. The board felt it had been successful, that this "total" community approach was possibly the unique distinction between its program and others. How to continue to build on that concept is the primary focus today.

Community Relations

The community, proud of the Senior Center and its national reputation, continues to help support it. Staff cooperates with other service agencies by convening meetings and coordinating service delivery of other agencies regarding direct services to the elderly. Staff members direct and receive referrals from local and county agencies, day care centers, public housing authority, private casework agencies and human service agencies.

The Center gains further visibility through its use of news releases and a newsletter and frequent use of radio and television to convey information about the program.

Problems and Comments

Participant activities reflected the orientation and activity level at the model Center. Class/activity rooms and lounges were full; the day care unit had regular attendees. The participants, staff, volunteers and community evidenced pride in the Center and its services to older people. Contributing to its successful multipurpose role were a professionally trained staff and a dedicated, involved community.

CASE STUDY #29

Community

The senior adult program, sponsored by the Jewish Y's and Centers (JYC) in an eastern city, served 2,500 senior adults--55 and over--who participated in a varied program consisting of supportive and enrichment components.

The main building of the Jewish Y was located in the center of the large metropolitan area and served a diminishing population of older Jewish adults. Two large satellite Centers served the Jewish elderly in other parts of the city; the area in the central city had deteriorated and the elderly were fearful of leaving their homes at night.

The Y, a large facility with many floors and recreational facilities, was close to transportation. It was multigenerational and offered program opportunities for the neighborhood's elderly. But there was no nutrition program. Those participating appeared to be proud, independent, nonprofessional persons with minimal resources.

Twenty-four senior adult organizations, ranging in size from 40 to 400 members, were affiliated with JYC. They usually met on a weekly basis. Meeting locations consisted of branch buildings, synagogues, housing developments and public libraries. Each organization was assigned a staff advisor to assist its members to define and implement their objectives. Most organizations were oriented to one of the following primary objectives: Socialization, community service, political action. Each organization was represented on the JYC Senior Adult Council, the primary vehicle through which senior adults contributed to the decision-making process of the Jewish community.

One satellite, a considerable distance from the downtown area, was housed in an older building and served all generations. It was designated to become a Senior Center in late 1975. The satellite Center was in a residential section, near a shopping area and next to a synagogue. Transportation was available in front of the building. It had a large auditorium. The facility was to be abandoned, however, and the program moved elsewhere. Participants had been protesting and were actively engaged in trying to save the building. It did not have adequate space, though it was functioning as a nutrition site and serving meals in two different settings. The stairs to the upper level and basement were a barrier to those with handicaps.

Staffing

The staff, though limited to a director, a nutrition supervisor and three senior aides, was assisted by a large number of volunteers. The participants took great pride in their Center and felt it was a vital part of their lives. Many attended every day.

Governance

The participants seemed to take part in the decision-making process, though they looked to their director for initiation of programs and services.

Program

JYC had received a grant from the department of public welfare for the development of a multiservice Center and nutrition program in the city.

The Center was a beehive of activity. Classrooms were filled; a holiday program was under way in the auditorium, and a men's club was meeting on the lower level.

Jewish Employment and Vocational Service, a medical center and the Jewish Family Service each provided staff at the multiservice Center for employment counseling, referral, homemaker and friendly visitor services. Over 80 meals per day were served at the multiservice Center, and more than 600 older adults were receiving a variety of social services readily accessible under one roof.

In late 1974, the city's Corporation for Aging provided JYC with a $60,000 grant to expand the lunch program to a five-day-a-week basis in the satellite Center. Funds were also provided for the purchase of a minibus and a full-time driver. The program was feeding 150 people per day.

Senior adults who had the need and ability to participate in activities sponsored by JYC attended the program. However, many older adults were in need of services but lacked the ability to reach out for them because of their emotional or physical restraints. The volunteers helped staff locate the isolated older adults, visited them and helped them to overcome these barriers. A Telecare program for the homebound had been established; isolated persons were telephoned on a daily or weekly basis by one of the senior adult members.

Community Relations

The senior adult program was continually promoting new community services. The staff cooperated with other local agencies by exchanging services with nursing homes, other Senior Centers, the recreation and park department, service clubs, etc. In addition, contracts had been developed with the school of dental medicine of a state university and with a medical center for health screening services.

The JYC Senior Adult Council participated in the citywide coalition of senior adults established as an action group. The council saw itself representing the united voice of the city's retired Jewish population. The concerted voice gave them a source of power, through which social service priorities could be questioned not only in the Jewish community, holding Jewish social service agencies accountable to the consumers, but also in the larger community through its affiliation with the citywide coalition group.

The Center's senior adult program received wide visibility, through its involvement with the city's senior adult coalition and frequent use of newspaper releases, newsletter and an outreach program.

Problems and Comments

The Center atmosphere was warm and friendly. The staff director knew everyone and responded to their needs. Participants appeared to be interested in education programs, both in the Center and through a local campus of adult studies. The Center will change somewhat when it becomes a Senior Center, which the director felt would be a loss.

CASE STUDY #30

Community

The Senior Center, located in the inner core of an old industrialized northern city, served a heterogeneous older population. Surrounded by high-rise apartments, commercial and public buildings, the facility was within comfortable walking distance of two high-rise structures for the elderly and was accessible by public transportation. Shopping, community facilities and a Title VII nutrition program were close to the Center--a public library, police station and several churches were within a one-block radius.

The urban area had an older population equal to 20 percent of the state population.

Facility

The Center occupied the lower two levels of a renovated apartment building for the elderly. It had been served by a state-funded program of senior transportation in addition to public transportation, but the senior transportation was being curtailed in May 1975 due to rising expenses. The Center, on a slight incline, difficult for less-mobile or healthy older persons to negotiate, was not immediately recognizable, as there were no identifying signs on the exterior of the building.

The facilities appeared spacious, clean, comfortably and attractively furnished. The executive offices were divided between two floors, and "Center participants" (as opposed to "club members") appeared to congregate in different areas of the building, rather than commingling or encountering their peers through planned activities or service delivery.

The director, discontented with the current building, expressed a desire for a building owned by the older people rather than by the city. Though simultaneous activities on two levels of the facility may require more staff time, the older people appeared content with the facility. Elevators and ramps made both levels of the building easily accessible, even to those with impaired mobility.

Staffing

The Center was staffed with professionals trained in recreation and social work, but the program did not appear to provide opportunities for attention to particular individual needs.

Governance

The Center was supported by the city and under the advisory direction of a city department. A council, consisting of each club president and group chairperson, formed an advisory body that planned and directed all Center social activities.

Program

The Center's largest program emphasized sedentary recreation, with less attention directed to active recreation, creative activities, counseling and information and referral. Services were given the least amount of emphasis.

The Center developed from the recreation department's recognition of the area's ethnic diversity. It is the outgrowth of an attempt to provide a place where various ethnic groups could meet together to enjoy a movie in their native language or converse with each other without the struggle or embarrassment of an unfamiliar language (English). Early activities were frequent coffees, potluck dinners, trips and movies. These recreational activities were planned by a staff member, and meetings were held throughout the communities, depending on the concentrations of older people and the availability of meeting sites.

As various ethnic or interest groups continued to meet, a structure evolved solidifying groups of individuals into separate clubs. The club structure continued and has been perpetuated and reinforced by staff support, even after a central permanent location became available as a meeting place for the groups and became a Senior Center.

After a person visits the Center a minimal number of times, he/she is encouraged to decide which club he/she wants to join. Membership in the clubs was primary, and the older people related to their particular clubs, which they attended only one day per week, rather than to the Center as a whole. The Center provided space for the weekly club meeting, a drink and dessert to accompany the participants' bag lunches, and a bus once a month for a club outing. The clubs are encouraged to stay within a membership limit of 45. Each club is urged to have separate activities and trips. Rarely do the groups come together for events.

Originally participants could belong to a number of clubs; in recent years, membership was restricted to one club. The Center is open from 9 a.m. to 4 p.m. and individuals may drop in to play cards, pool or converse with peers; organized activities appeared to revolve around the club meetings. A person must have a valid membership card to use the Center privileges or belong to a club.

Community Relations

Though the Center maintained contact with transportation resources, the lack of community linkages was a definite weak spot in the program.

Problems and Comments

Older people were attracted to the Center as an outlet for leisure time, and little has been done to determine if these attendees had other needs to necessitate the development of a social service component.

The Center's rigid club structure, along with authoritarian leadership, appeared to have stifled creativity and growth at an operating level far below the perceived staff potential or capacity of the funding source and facility.

CASE STUDY #31

Community

This senior day care center, developed in late 1973 in a northern industrial city, is serving as a model state program. At the present time, three additional senior day care centers are operating within the same state, all patterned after the Center chosen for the site visit.

The day care center serves its participants as a true multipurpose Center for the frailer elderly. Operations reflect the thorough community-linked planning that led to the Center's opening.

Facility

Operating from the ground floor of a convent, the Center had undergone only minimal renovation. A long, wide ramp led from the parking lot into the dining room, setting for the noon meal. Coffee and tea were always available in an inviting area. Sewing, arts and crafts and conference rooms, plus a large lounge containing a piano, pool table, varied recreational equipment and a large circle of old-fashioned rocking and overstuffed chairs, comprised the Center. All rooms were light, decorated with bright colors and offered a pleasant overall appearance. Now in its second year of operation, the Center was making plans to renovate structurally the ground floor area to make the facility even more convenient, spacious and physically safe as a day care facility.

Staffing

The day care center administrator was well-qualified, with an educational background in nursing and experience in day care and hospital administration. The administrator was assisted by six full-time staff members (one coordinator, one caseworker, one nurse and three instructors). She was also assisted by three part-time staff members and six volunteers.

Several incentives for continuing education were offered staff, including some paid tuition, lectures and seminars, on-the-job training and paid attendance at professional meetings.

Governance

The Center is governed by a voluntary, nonprofit board, utilizing input from the Center participants, families of participants and Center staff. Regular meetings are held with Center staff, director and participants and also with staff and families of participants.

Program

The day care center was funded with Title III funds, requiring a local cash or in-kind match.

A survey of community needs within a five-mile radius of the Center had been undertaken; the results indicated that at least 50 older persons were in need of day care service. The service was then offered to fill the gap between self-sufficiency and institutionalization. Special attention was

directed to family situations in which home care of an older person was becoming too burdensome to family life. The day care center also helps in meeting the spiraling cost of health care, with a sliding fee schedule for a one-to-five-day per week program that includes transportation (an occasional individual may be accepted from outside the five-mile radius if private transportation can be provided); a nutritionally balanced noon meal, a therapeutic program of social rehabilitation, determination of health needs, exercises in group dynamics and other educational and recreational activities.

The Center program offers active recreation, with special emphasis on exercises appropriate for individuals with restricted mobility; creative activities (some designed to keep hands and fingers flexible), and sedentary recreation. Participants receive lunch, prepared according to diet restrictions, and afternoon snacks. Counseling and information and referral are available to both participants and families from a professional social worker on an ongoing or as-needed basis. A library is located on the premises, stocked both by private sources and the public library, and it contains a number of large print volumes.

Some of the innovative services include foreign language classes in Polish, Portuguese, etc., for older people experiencing difficulty in the English language; a "psychology for everyday living" class, which participants found helped them in their interpersonal relationships with families and other Center participants suffering from arteriosclerosis or senility, and a lip-reading class for those with hearing impairment. The Center has a wealth of resources available from the convent and the community. A precedent for developing program components to meet the needs and requests of Center participants had been established by the director who, in turn, looked to the community for resource persons to provide expertise in the programs.

Debilitating impairment of participants made attendance at a Senior Center impossible. New participants were evaluated to determine if attendance at a Senior Center would be more appropriate. On occasion, participants attend the day care center during periods of recuperation or to build up confidence and then become Senior Center participants.

Individuals living alone use the day care center on a regular or sporadic basis, as a supportive service and a means of maintaining independence. Families use the day care center to relieve pressures on family life, and the older participants are frank about their need occasionally to be away from families, an invalid or a still-active spouse.

The Center participants were not mobile enough to use community facilities nor to manage public transportation. Senior companions were assigned, along with volunteer students, as companions to the more confused participants. Interaction between staff and participants and between participants themselves was positive and helpful. Participants showed insight and tolerance of those with more advanced physical difficulties or mental aberrations.

During the first 14 months of operation, the Center served approximately 200 separate individuals with a regular attendance of 50 persons. A case evaluation on each person is conducted soon after the initial visit to the

Center, to determine whether or not the program is appropriate for the individual. Accurate records are available on dropouts. Responses vary from "moved" to "lack of transportation," though over three-fourths of the nonreturnees had died or entered a nursing home.

Community Relations

The administrator noted that promoting new community services was not a goal of the day care center and that the Center had made little progress in acting as an intermediary with the community.

The day care center, however, maintained community linkages through its staff, which cooperated with local educational institutions and volunteers from colleges who worked at the Center site. The Center also cooperated with other agencies in joint service delivery and coordinated service delivery of other agencies regarding direct service to the elderly.

The outreach worker made speeches, visited families and promoted radio and television spot announcements about the day care center. The Center also occasionally used news releases and their own newsletter to gain visibility.

Problems and Comments

The day care center afforded older people in the community an alternative to institutionalization, but the Center also serves as a transitional and acceptable alternative until both older persons and families come to accept the nursing home or other suitable institution as a necessary and helpful service.

TABLE 24: SITE IDENTIFICATION

Region	Site		Auspices				SES			Organization Type		Demographic			Funding Source			
			Public		Private										Public			Private
	Number	Selection*	Recreation	Other	Church	Other	High	Middle	Low	Unit	Network	Rural	Town/Suburb	City	Urban	Federal	State	Local	
I	0	R		X				X		X				X		X			X
I	30	P	X					X		X				X				X	X
I	2	R			X			X		X				X			X	X	X
I	14	R				X		X			X				X	X	X		X
II	7	R		X				X		X					X	X	X		
II	6	R	X					X		X			X					X	
III	21	R	X					X		X			X			X		X	X
III	29	P			X		X				X				X	X			X
III	16	R				X		X		X					X	X			X
III	17	P		X				X		X					X	X	X		X
IV	28	P				X		X			X				X	X	X		X
IV	15	R	X					X		X				X				X	
IV	18	R		X				X			X			X		X		X	X
IV	19	P				X		X			X			X		X	X	X	X
V	22	R		X					X	X		X				X			X
V	23	P				X	X			X			X					X	X
V	1	R	X					X		X			X					X	X
V	20	R			X		X			X			X				X	X	X
V	27	R		X				X		X			X			X	X	X	X
V	26	P		X				X			X		X			X	X	X	X
V	25	R				X			X	X			X			X			X
VI	11	P				X			X		X				X			X	X
VI	10	R				X			X		X				X			X	X
VII	4	R		X					X	X		X				X			X
VIII	3	R		X				X		X			X					X	

*R = Random, P = Purposive

SITE IDENTIFICATION - Continued

Region	Site		Auspices				SES			Organization Type		Demographic				Funding Source			
			Public		Private											Public			Private
	Number	Selection*	Recreation	Other	Church	Other	High	Middle	Low	Unit	Network	Rural	Town/Suburb	City	Urban	Federal	State	Local	
IX	9	P		X					X	X				X		X			X
IX	5	R	X				X			X			X					X	X
IX	8	R	X				X			X			X					X	X
IX	24	P		X					X	X					X		X		
X	13	R	X						X	X			X					X	
X	12	P				X			X		X	X						X	X

*R - user, non-user; site randomly selected.

P - user; site purposively selected.

CHAPTER VI

IMPLICATIONS FOR POLICY, PRACTICE AND RESEARCH

This study has examined in-depth current practice in Senior Center and club programs throughout the United States. Programs were reported which provided a minimum range of services as well as those which, in every respect, served as the community focal point for delivery of services to older adults. In this chapter, some of the major findings relating to Senior Centers are highlighted. These and other findings of the study have implications for a broad and varied audience, including funding bodies, sponsoring organizations, educational and training institutions, boards, advisory councils, staff and participants of Senior Centers and clubs, as well as the public at large and their several levels of government that draft legislation to finance and maintain service delivery systems.

The study findings revealed that communities and their older citizens were increasingly accepting Senior Centers as social utilities for older adults, i.e., resources and facilities directed to the needs of older persons (not just their problems) and accessible to all who need and want them.

The proliferation of Senior Centers substantiates their importance to older people and to communities. The study identified 4,870 Senior Centers and clubs meeting at least once a week for listing in the directory. The fact that many programs notified NISC of their existence after the directory's publication, plus the many not within the study's definition, suggest that numerous additional programs exist. From our experience, we know that these uncounted programs run the gamut from complex multi-site multipurpose Senior Centers, meeting six or seven days a week, to simple club structures meeting biweekly or monthly.

The significance of Senior Centers in the lives of older persons was clarified by the study. Participants viewed the Senior Center as a program of services and activities and also as a place to go, a place to gather for friendship and fellowship or a place to sit, observe and just be near other people. For example, though few of the individuals interviewed had participated in specific services or activities within the past week or even month, the overwhelming majority stated they attended the Center several days a week, and a substantial proportion (27 percent) attended daily.

While data show that many older persons are attracted to a facility where services and activities are available, the fact of the facility itself and the opportunity it creates for bringing people together appears to be most compelling. The visible distress of many participants when asked the hypothetical question: "If this Center no longer operated, where would you spend the time that you presently spend here?" further demonstrated the meaning of the Senior Center in their lives.

The findings demonstrate increasing community recognition and financial support for Senior Centers as focal points and service delivery mechanisms, attesting to their acceptance as an important part of a community's network of resources.

This conclusion is supported by the number of communities that have established or are planning Senior Centers and by the many expanding the Center's service delivery capacity through the development of neighborhood satellites. Furthermore, both public and private agencies responsible for providing services on the basis of function rather than age are stationing part-time staff, and, in some instances, assigning full-time staff at Senior Centers to better serve older adults. Volunteers from the community,

including young people, housewives and retired professionals, are donating their services also to augment the efforts of Senior Center staff.

Another example of community support can be derived from the finding that well over the majority of reporting Centers are housed in donated facilities, and a good portion of the remainder pay only token rental. Further tangible evidence of Senior Centers' value as perceived by their communities comes from the data which showed that over two-thirds of the total funding of reporting Centers come from such community sources as revenue sharing, county and municipal tax monies, United Funds, religious and civic organizations.

A growing number of Senior Centers meet the multiservice criterion.

In the prior Senior Center study (Anderson, 1969), only 260 Senior Centers were found to offer three or more services and only 300-400 of the 2,000 Centers then identified were expected to expand into multiservice programs. In the NISC study of 4,870 senior group programs, over one-half of the reporting Senior Centers provided at least three services -- while a total of 2,739 senior group programs (Centers and clubs) met the criterion.

In addition, nearly all of these multiservice programs provided their participants with opportunities for volunteer service, both within the program and in the community. Nearly half of the self-identified multipurpose Centers provided health services as well.

The extent to which health services were provided in Senior Centers was an unexpected finding with significance for policy and programming.

Senior Centers have provided social services and casework services, as well as recreational and educational opportunities, almost since their inception. While they have customarily helped older people take advantage of the health resources in the community through referrals, the extent to which they were seen in the role of health service providers had not been known. There appears to be a growing trend. Research into the specific health services offered and the responsiveness of Center participants to these services is worth further exploration.

The Center's nonthreatening atmosphere and encouragement of staff and peers establish a climate conducive to seeking treatment which could be of benefit to that large proportion of older persons who are known not to see a doctor regularly or even those who have never had a physical examination. This would be equally true for emotional disabilities. While informal relationships have been established between some Senior Centers and community mental health facilities, they need to be encouraged. Relationships with health maintenance organizations should also be considered. Since the services provided in and through Senior Centers can have an impact on the health of older persons, the availability of Medicare funds for the support of these services within Senior Centers needs to be explored.

Senior Centers were found to serve a broad cross-section of older adults.

Contrary to common perception, today's Centers serve the poor and the-not-so-poor persons with less than eighth grade educations plus those with graduate degrees; retired blue-collar workers as well as older professionals, and persons of various ethnic and racial backgrounds.

The two dimensions of service delivery appear to be location and auspice. According to the NCOA-Harris data, rural residents, blacks and inner-city

residents were among the elderly interested in attending a Senior Center who found no programs accessible or available. The data also indicated that the extent of services was related to location (urban, suburban, rural), with rural programs tending to provide the least number of services. The limited services, largely of a recreational nature, available in rural Centers do not attract a broad cross-section of rural older persons. A general lack of medical and social services in rural areas is well established. These insufficient services contribute to premature institutionalization.

With adequate resources and appropriate multipurpose Senior Center facilities, unnecessary and costly institutionalization could be prevented. Rural communities in particular are in need of government funds to support Senior Center operations. The multiple services that can be offered under their auspices could provide a viable alternative for many of the rural elderly and at much less cost ultimately to the taxpayer.

It was noted that programs receiving government funds, regardless of the orientation or major function of the sponsoring agency, were able to serve more older adults and a broader cross-section of them.

Government funds tended both to democratize the program and increase the scope of service. For example, church-sponsored programs might initially be religiously oriented with a clientele primarily made up of the church's aging members and others similar in their values and appearance. Adding a Title VII nutrition project to the program expanded the available services and made the program more responsive to the needs of a greater variety of persons.

Similarly, recreation departments, though mandated to serve all persons, concentrate on activities which relate to middle-class values and limit

participation to a middle-class population. Some departments -- recognizing their responsibility to serve the needs of the total person, as well as a broader representation of the population -- have expanded their scope of services to attract elderly persons whose needs previously were not being addressed by the program. Here, too, Title VII has provided a vehicle to serve a broader and more varied segment of the population.

It is to be noted that the utilization of government funds, particularly Federal funds, was not always viewed favorably. Numerous comments were attached to questionnaires about problems with the government as a source of financial support. Groups were wary of losing their autonomy; they feared dependency and the unreliability of Federal funds that support a program for a limited time, creating an expectation for services which the local community cannot afford to maintain, and, finally, they resisted the reams of forms which divert staff time to tasks seemingly irrelevant to the program's operational needs.

Senior Centers provide an important opportunity structure for continuing self-realization for older adults.

The findings showed that Senior Center participants were involved in such activities as governance, assisting with Center activities and outreach. These roles provide older persons with opportunities for achievement and recognition, opportunities all too few for individuals no longer working or actively involved in family roles.

But involvement in these particular activities was directly related to educational level, and governing roles were also found to be related to sex and race. Administrators and participants perceived the interest of participants, and possibly their abilities, quite differently. Center directors

frequently commented that participants tend not to be self-starters and do not want to serve on committees or get involved in governing roles. Yet, about one-third of the interviewed Center participants who were not serving on committees said they would like to do so. These data, and those which identified the many roles participants fill in carrying out Center functions, are contrary to the assumption that older persons would rather just come and have things done for them.

There are problems involving some older people, particularly in governing roles. A large proportion of the participants are from backgrounds where they could be expected to have little experience with associational activities, while many others had no time to become so involved. Senior Centers and clubs provide unique opportunities for older persons to test, learn and practice a wide variety of new roles, skills and behaviors.

Given the need both Centers and their communities have for trained leadership, and the potential that Centers and clubs have as leadership training laboratories, persons responsible for programming need training so they in turn can develop the leadership potential of their participants. These opportunities will not happen unless Center directors believe that older persons can and should continue to grow and learn all their lives. Less than one-quarter of the reporting Centers offered opportunities for leadership development. In some instances, program leaders seem to have their own biases about which participants are sufficiently capable to assume teaching and governing roles.

There is great variation in the educational background and experience of Senior Center directors.

While the study found that approximately four of every 10 Center directors were college graduates, suggesting a core of well-educated personnel, 23 percent

reported a high school education or less, and eight percent did not report their education level.

A relationship was found between the administrator's education level and the Center's involvement in the community as well as the scope of activities offered. A causal relationship cannot be attributed to these factors, as further analysis is needed to explore the complex interrelationship of the other factors involved. Experience suggests that directors with limited education, along with directors whose education is at the higher levels but with no special training or experience in aging, tend to have limited horizons. Though well meaning, they often do not have knowledge about alternatives and options for programs or entitlements of service.

Further evidence of the need for management-related training was derived from comments on the questionnaire and an accounting of organizations which did not respond or responded incompletely. Many questionnaire responses illustrated a lack of experience with planning and budgeting processes.

An interest in learning was also evident. Though agencies were found to provide relatively few opportunities for in-service training, this may be a function of inadequate funds for training and a lack of information about available training resources. The questionnaires themselves stimulated further inquiry about programming information and training opportunities; additional comments also emphasized the questionnaires' educational value.

The study findings underscore that training -- short-term and in-service -- for both paid and voluntary staff in multipurpose Senior Centers, Senior Centers and in clubs which provide multiservices requires priority. Building on the thousands of programs already in place, making their personnel more

knowledgeable and consequently more effective would make a significant contribution to the capacity of the aging service network being created in the United States.

NCOA's extensive background and experience in training senior group program personnel and its particular expertise in Senior Center related issues make it especially appropriate for the development and implementation of such training. In addition, the guidelines for Senior Center programs and standards for practice which NISC is developing will add to the already substantial base of knowledge from which a training curriculum can be produced.

Inadequate Senior Center facilities were found to have serious programmatic implications.

Senior Center directors and participants frequently cited the limitation on services and activities necessitated by the size of the Center. Many comments on the inadequacy of the facility were also added to the directory questionnaire. One participant interviewed made the following statement which well reflected the feeling so often implied by others:

> Just look at this place (as he pointed to the crowded and obviously inadequate facility)! We have new schools and a new library as well as a beautiful new recreation center in this town for the children. We've helped pay for good schools and the new facilities. You can see what they have provided for the older people in this town.

Directors of programs in congregate living facilities, particularly in public housing, commented on how their space could not even accommodate all those interested in participating who lived in the building -- to say nothing of those who live in the community. Examples of congregate meals or potluck socials, where people filled their plates and then returned to

their rooms, were cited over and over. Such situations obviate the purpose of the program.

Guidelines for public housing facilities to avoid or alleviate space problems such as those cited above are needed. Financial support is also necessary both for constructing new facilities and for acquiring, renovating or remodeling existing facilities so they will be adequate and appropriate for the use of older persons.

The perception of the Senior Center as a meeting place for older adults and a community focal point for delivering older adult services is not universal.

The study showed variation among communities in their support of Centers plus their understanding of the place occupied by Senior Centers in a community service delivery program. Lack of knowledge about and understanding of the potentialities of Senior Centers for coordinated, comprehensive service delivery to older persons has implications for a community's planning and utilization of its resources.

For example, some communities have established Title VII nutrition sites within a few blocks of an existing Senior Center. Recognizing that local decisions are based on many different factors, it appears that local decision-makers sometimes overlook more appropriate options due to an inadequate understanding of the scope and function of multipurpose Senior Centers.

Planning bodies, in an effort to use limited resources efficiently and effectively for older persons, need to identify and link existing services responsive to the elderly. They also need to be aware of methods other communities have successfully adopted to meet the needs of older persons.

NCOA can facilitate such information sharing through its conferences and seminars that bring together an audience with broad and varied experience and through publications that describe successful alternatives for addressing the needs and interests of older persons.

Area agencies on aging, local councils on aging and boards of voluntary agencies in many communities have not fully exploited the potentiality of Senior Centers as a place where persons needing or wanting services or activities find them available without any stigma attached.

They also have not recognized the potential of Senior Centers and clubs to expand their function and to become multi-service facilities and multipurpose Senior Centers.

The study, in identifying the operation of multipurpose Senior Centers, Senior Centers and clubs in America today, has identified the purpose and function of these programs which create for older persons opportunities for companionship, for community service and for maintaining a sense of dignity and worth -- and, more often than not, offer life-sustaining services necessary for the participants' health and welfare.

The extensiveness -- the range and depth -- of the data provides the National Institute of Senior Centers with an unusually comprehensive data base. Much of the data gathered, and many of the relationships identified, need to be further examined and analyzed. NISC anticipates the future studies that will develop and expand knowledge of and about Senior Centers and how they can best serve older persons in America.

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APPENDIX: DATA COLLECTION FORMS

DIRECTORY QUESTIONNAIRE

TO BE COMPLETED ONLY BY THE PERSON RESPONSIBLE FOR THE OPERATION OF A SENIOR CENTER OR CLUB

1. Please print plainly the name and address of your center as you would like it to appear in the National Directory of Senior Centers and Clubs.

Name _____

(Please include Inc. if your organization is incorporated.)

Street address _____

City or town _____ *County* _____ *State* _____ *Zip* _____

Telephone: Area Code _____ *Number* _____

2. Contact person: _____

3. Telephone of contact person (if different): _____

4. Generally, would you consider the location of your center or club to be:

○ *Urban* ○ *Suburban* ○ *Rural*

THIS QUESTIONNAIRE IS DIRECTED TO SENIOR CENTERS AND CLUBS THAT MEET THE FOLLOWING CRITERIA:

	Yes	*No*
a. Directed to older adults.	___	___
b. Regularly scheduled at least once a week throughout the year.	___	___
c. Provide some kind of educational, recreational, or social activity.	___	___

* * *

IF YOUR SENIOR CENTER OR CLUB DOES NOT MEET ALL THREE OF THE ABOVE CRITERIA, YOU MAY STOP AT THIS POINT AND KINDLY RETURN THE QUESTIONNAIRE.

IF YOUR SENIOR CENTER OR CLUB DOES MEET ALL THREE CRITERIA, PLEASE CONTINUE WITH QUESTION NUMBER 5.

5. This center or club is housed in: (Check category which best describes your facility.)

○ *Apartment hotel*
○ *Church*
○ *Home for aged or nursing home*
○ *Housing project*
○ *Recreation/community center*
○ *Private household*
○ *School*
Other (specify) _____
○ *Separate facility designated for this Center/Club*
○ *Settlement/neighborhood house*

6. This center or club is:

○ *Public/Government* ○ *Voluntary non-profit* ○ *Private profit* *Other* _____

7. What year was the center or club established? _____

DETACH ALONG DOTTED LINE

THIS PAGE TO BE COMPLETED ONLY BY THOSE AGENCIES THAT COORDINATE, ADMINISTER OR SPONSOR MORE THAN ONE SENIOR CENTER OR CLUB

1. Name of Agency: _____

2. Address: _____

3. Phone Number: _____

4. Coordinator/Administrator of Program: _____

5. Number of Administrative Staff in central office: _____

6. This Center or Club is:

○ *Public/Government* ○ *Voluntary non-profit* ○ *Private profit*

Other _____

7. Number of Centers or Clubs administered: _____

8. Please list the names and addresses of each Center or Club to receive a separate questionnaire for purpose of describing its specific program. If you have a printed list available you may prefer to forward it with this page.

9. How many copies of this questionnaire did your Agency receive? _____

Please detach this page and return.

You may keep the remainder of this questionnaire for your records.

POSTAGE WILL BE PAID BY ADDRESSEE

No Postage Stamp Necessary if Mailed in the United States

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 70169, WASHINGTON, D.C.

NATIONAL COUNCIL ON THE AGING
1828 L STREET, N. W., SUITE 504
WASHINGTON, D.C. 20036

DETACH ALONG DOTTED LINE

8. What is the total number of full-time paid staff? _____
9. What is the total number of part-time paid staff? _____
10. What is the total number of volunteer staff? _____
11. What is the total number of students working in the program? _____

12. Please check the category that best describes your Senior Center or Club.

- ○ *Multipurpose Senior Center*
- ○ *Senior Center*
- ○ *Club for older persons*
- ○ *A program for all persons but special activities available for the elderly*

13. Number of participants/members as of October 1, 1973 _____

14. Estimated average DAILY attendance _____

15. What are your membership requirements? (Check all that apply.)

○ *Age (specify)* _____ ○ *Residence (specify)* _____ *Other (specify)* _____

Initiation fee? ○ *No* ○ *Yes* *How much?* _____

Membership fee? ○ *No* ○ *Yes* *How much annually?* _____

16. Fees for specific services? ○ No ○ Yes

17. Check boxes indicating when facility is open or when program is being conducted:

Time	*Sun.*	*Mon.*	*Tues.*	*Wed.*	*Thurs.*	*Fri.*	*Sat.*
Morning							
Afternoon							
Evening							

18. Check all types of transportation programs provided by your Center/Club.

- ○ *To special events*
- ○ *To medical treatment*
- ○ *Escort service*
- ○ *To & from programs at Center*
- ○ *Shopping*

Other (specify) _____

19. Check all times meals are served and indicate fee charged.

MEALS	*ON PREMISES*								*HOME DELIVERED*							
	Fee	*S*	*M*	*T*	*W*	*Th*	*F*	*Sat*	*Fee*	*S*	*M*	*T*	*W*	*Th*	*F*	*Sat*
Break-fast																
Noon meal																
Evening meal																
Snack																

20. Please check all the recreation activities which you provide:

- ○ Arts & Crafts
- ○ Bulletin/Newsletter
- ○ Camping
- ○ Dancing
- ○ Movies
- ○ Music and drama
- ○ Parties and celebrations
- ○ Physical fitness
- ○ Sports
- ○ Table games
- ○ Tours & Outings
- Other (specify) _____

21. Please check all the educational activities which you provide:

- ○ Consumer classes
- ○ Discussion groups
- ○ Health classes
- ○ Language classes
- ○ Leadership development
- ○ Lectures
- ○ Legal
- ○ Library services
- ○ Nutrition classes
- ○ Writing classes

Other (specify) _____

22. Please check all the information and referral services you provide:

- ○ Consumer
- ○ Family problems
- ○ Financial
- ○ Health
- ○ Housing
- ○ Legal
- ○ Nutritional
- ○ Retirement
- ○ Spiritual

Other (specify) _____

23. Do you provide counseling services? (Please check "P" for each counseling service provided to participants, "O" for outreach services.)

P	O		P	O		P	O	
○	○	Casework	○	○	Legal	○	○	Telephone reassurance
○	○	Consumer	○	○	Nutritional			
○	○	Financial	○	○	Protective-guardianship	○	○	Other (specify)
○	○	Health	○	○	Retirement			
○	○	Housing	○	○	Spiritual			

24. Please check all those employment services you provide:

- ○ Employment counseling
- ○ Job aptitude testing
- ○ Job placement
- ○ Job training

Other (specify) _____

25. Please check all the health services provided at/by your Center/Club.

- ○ Clinic
- ○ Dental
- ○ Full-time nurse
- ○ Immunization
- ○ Part-time nurse
- ○ Pharmacy
- ○ Physical exams
- ○ Physician
- ○ Screening
- ○ Therapy
- ○ X-ray

Other (specify) _____

26. Please check all special services you provide for the (visually, physically or mentally) handicapped:

- ○ Hearing aid bank
- ○ Lip reading
- ○ Special counseling
- ○ Talking books
- ○ Therapy (PT, OT, RT)
- ○ Transportation

Other (specify) _____

27. Can people confined to wheelchairs fully utilize your facility? ○ No ○ Yes

28. Please list volunteer activities to the community conducted by center or club participants (e.g., friendly visits, community fund drives, school aides, etc.):

29. Please list volunteer services in which older persons are active within the Center or Club (e.g., policy-making, teaching classes, committees, typing, etc.):

30. Do you have a social action program? (If so, please describe.): _____

31. Please list any other programs or services that your Center/Club provides: _____

32. How many copies of this questionnaire did your agency receive? _____

33. The National Council On The Aging plans to study a number of senior programs in greater detail. Information given to us will be kept confidential. Would you be interested in participating in this study? ○ Yes ○ No

_____
Name (Please print or type) Title

Parent organization or sponsor _____

National Institute of Senior Centers

A PROGRAM OF THE NATIONAL COUNCIL ON THE AGING, INC.

Research Project on Centers and Clubs for Older People

I. This questionnaire is in three parts. Part I (white pages) should be answered by all those receiving this questionnaire.

II. After completing Part I:

(a) Answer Part II (yellow pages) only if you consider your program a *Senior Center*.

(b) Answer Part III (blue pages) only if you consider your program a *Senior Club*.

III. Please attempt to answer all questions. If precoded answers are inappropriate, please supply your own responses.

IV. Please contact others in your organization for information that you do not have immediately available.

V. If you need further assistance to complete the questionnaire, call the NCOA Research Department (202/223-6250) collect.

Research and Demonstration Grant #93 P57544/3-01
Administration on Aging, Office of Human Development
U. S. Department of Health, Education and Welfare

I.D. # _____
Control # _____
Record # _____

THIS QUESTIONNAIRE SHOULD BE COMPLETED BY THE PERSON LOCATED AT THIS SITE AND IN CHARGE OF THE OPERATION OF THE PROGRAM.

ADMINISTRATION

1. The person responsible for the operations of this site has the

   a. title of _____

   b. and reports to (title) _____

2. This senior center (or program) is operated
   - Independently and serves all age groups ☐ 1
   - Independently and serves only older persons ☐ 2
   - As part of a larger organization serving all age groups ☐ 3
   - As part of a larger organization serving only older persons ☐ 4

3. What is your estimate of the total population of the city, town or county where your center (or program) is located? _____

4. What is your estimate of the aged population in this area? _____

   (or _____ percent of the total population.)

5. How would you describe the area from which a majority of your center (or program) participants are drawn? Include the entire geographical area where your services for older adults are offered. (Check one.)
   - A section of a city or town ☐ 1
   - The entire city or town ☐ 2
   - A section of the county ☐ 3
   - The entire county ☐ 4
   - Parts of a city and county ☐ 5
   - Two or more counties or parts of the same ☐ 6

6. Does your organization have a "target" population on which it focuses its service delivery? (Over 65, poverty groups, high risk, etc.)?

   No ☐ 1 (Go to Question 7) Yes ☐ 2 (Please continue with these questions)

   a. How do you describe that target area or population? _____

   b. What is your estimate of the size of the aged target population? _____

   c. What percent of the aged target population is served by your program? (Estimate to the nearest 10%.) _____%

7. When was this program first organized? Month _____ Year _____

FACILITIES

8. Please estimate the total floor space available for your site
(Area in square feet = length x width) _____

9. To what extent does the size of your facility limit the kind and number of programs offered?

Not at all	Some	Moderately	Greatly	Extensively
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4

10. Does your senior program make direct payment for space it regularly uses?

No ☐ 1 Yes ☐ 2

a. If no, is it

- Donated private property owned by group (church, fraternal group, etc.)? ☐ 1
- Donated private property owned by individual? ☐ 2
- Public facility at no cost? ☐ 3
- Private home? ☐ 4
- Other (Specify) _____

b. If yes, is it

- Rented/leased? ☐ 1
- Token rental only? ☐ 2
- Other (Specify) _____

11. This senior adult program meets regularly in

a. Our own building used only for senior adult programs ☐

b. A recreation/community center operated by parks & recreation department ☐

c. Community center operated by a voluntary organization (Y, Jewish community center, Salvation Army, settlement house, etc.) ☐

d. A facility owned by local or county government (town hall, courthouse, fire station, etc.) ☐

e. A privately owned commercial facility (restaurant, store, bank, etc.) ☐

f. A facility owned or operated by a civic/charitable group (Rotary Clubs, Lions, Red Cross, lodges, etc.) ☐

g. A church, temple or synagogue ☐

h. A health-related facility (nursing home, hospital, day-care center, etc.) ☐

i. A private home ☐

j. A facility operated by a public housing authority ☐

k. A facility operated by a private developer of housing ☐

l. A labor union hall ☐

Other (Specify) _____

12. Is your facility

Single level? ☐ 1
Multilevel? ☐ 2 a. How many floors? _____

13. What best represents the type of facility in which your senior adult program is housed

- New facility (built within last 5 years) ☐ 1
- Existing facility, no renovation ☐ 2
- Renovated facility ☐ 3

14. How would you describe the availability of public transportation in your area? (Please check one and do not include taxi service.)

- Public transportation is nonexistent and would not be needed ☐ 1
- Public transportation is nonexistent and is needed ☐ 2
- Public transportation exists but does not serve our area. It is not needed ☐ 3
- Public transportation exists but does not serve our area and is needed ☐ 4
- Public transportation serves our area but is inadequate ☐ 5
- Public transportation serves our area and is adequate ☐ 6

15. What kinds of transportation do you provide for your members or participants? None ☐ 0

a. *We own*	b. *We have use of*	c. *We receive special rates for*
Automobile ☐ 1	Automobile ☐ 1	Taxis ☐ 1
Mini-bus ☐ 2	Mini-bus ☐ 2	Buses ☐ 2
Bus ☐ 3	Bus ☐ 3	Tour buses ☐ 3
Emergency vehicle ☐ 4	Emergency vehicle ☐ 4	

MEMBERSHIP/PARTICIPANTS

16. What was the senior adult program membership as of July 1, 1974? (Include senior citizens only and only those persons who either have membership cards or would have them if provided.) _____

17. Approximately how many people participate in your activities during an average month? (Senior adults only—unduplicated count.)

a. Members _____ b. All participants _____

18. What percent of your participants

a. Are in these age groups?

Less than 50	_____ 1	65-74	_____ 3	85-94	_____ 5
50-64	_____ 2	75-84	_____ 4	Over 95	_____ 6

b. Would have difficulty paying membership, craft or other special fees if you have them or might have them in the future? _____

c. Participate in center activities as their major nonfamily activity? _____

d. Live alone? _____

e. Are men? _____

f. Live in a rural area? _____

g. Are physically disabled, blind or visually severely impaired? _____

h. Are deaf or extremely hard of hearing? _____

i. Come from these backgrounds?

Blue-collar/labor	_____ (1)	Managerial	_____ (4)
Farm laborer	_____ (2)	Professional	_____ (5)
Farm owner/manager	_____ (3)	White-collar/clerical	_____ (6)

j. Are American Indians? _____ (1) Orientals? _____ (4)
Black Americans? _____ (2) Spanish-speaking? _____ (5)
Whites? _____ (3) Other? (Please specify) _____ (6)

SERVICES:

Listed below are several assumptions about programs for older persons. Complete statements about these programs by adding each assumption in turn. Then indicate the extent of your agreement with the statement by checking the column that corresponds to your response.

Example:

Do you agree that programs for older persons foster independence? If you strongly agree with this statement, you would check column 3.

19. Programs for older persons:

	Very strongly agree 4	Strongly agree 3	Moderately agree 2	Slightly agree 1	No opinion 0
a. Foster independence	☐	☐	☐	☐	☐
b. Serve as an agent of change	☐	☐	☐	☐	☐
c. Stimulate new interests	☐	☐	☐	☐	☐
d. Use capabilities of participants	☐	☐	☐	☐	☐
e. Promote self-help	☐	☐	☐	☐	☐
f. Provide encouragement and support	☐	☐	☐	☐	☐
g. Act as intermediary with the community	☐	☐	☐	☐	☐
h. Promote feelings of belonging	☐	☐	☐	☐	☐
i. Promote self-government	☐	☐	☐	☐	☐
j. Promote new community services	☐	☐	☐	☐	☐

20. Please check those characteristics typical of senior centers and those characteristics that are typical of clubs. Both columns may be checked if you think the characteristics are common to both centers and clubs.

	Center 1	Club 2
a. Meets several days a week	☐	☐
b. Provides educational activities	☐	☐
c. Provides social services	☐	☐
d. Provides counseling	☐	☐
e. Provides for social/recreational activities	☐	☐
f. Has paid staff	☐	☐
g. Has a membership fee	☐	☐
h. Has a board of directors	☐	☐
i. Has a permanent facility	☐	☐
j. Has a membership list	☐	☐
k. Is incorporated	☐	☐
l. Provides opportunities for leadership development	☐	☐
m. Has extensive variety of services	☐	☐
n. Offers several activities at the same time	☐	☐

21. Please estimate the number of older persons who participate or are served in each activity. Then indicate the number who are served on a regular basis. If the activity is not offered, check the first column. (Estimate, if necessary.)

Activities	Not offered 1	Total number of older participants 2	Number of regular older participants 3
a. Active recreation (hiking, dancing, sports, exercise classes)	☐	_____	_____
b. Creative activities (arts and crafts, music & drama, preparing bulletin/newsletter)	☐	_____	_____
c. Sedentary recreation (cards, bingo, movies, spectator sports, parties)	☐	_____	_____
d. Nutrition (classes and/or counseling)	☐	_____	_____
e. Classes, lectures, discussion groups	☐	_____	_____
f. Counseling	☐	_____	_____
g. Information & referral	☐	_____	_____
h. Services (employment, health, legal, library)	☐	_____	_____
i. Home-delivered meals	☐	_____	_____
j. Meals on premises	☐	_____	_____
k. Membership-governing groups (committees, boards)	☐	_____	_____
l. Leadership development training	☐	_____	_____

22. Which of these meal services do you have at your facility?

a. No meal services or snacks ☐
b. Snacks only ☐
c. Meals provided/donated by participants occasionally ☐
d. Meals provided/donated by participants regularly but less than 5 days/week ☐
e. Meals provided by senior adult program less than 5 days/week ☐
f. Hot meals 5 days/week or more without Title VII ☐
g. Hot meals 5 days/week or more with Title VII ☐

h. Number served at home/week _____

i. Number served at this site/week _____

23. To what extent do these characteristics facilitate or limit attendance at your site? (Please check one response for each factor.)

	Extensively limit	Limit	Neither	Facilitate	Extensively facilitate
	1	2	3	4	5
a. Physical disabilities	☐	☐	☐	☐	☐
b. Employment	☐	☐	☐	☐	☐
c. Unemployment	☐	☐	☐	☐	☐
d. Family responsibilities	☐	☐	☐	☐	☐
e. No family responsibilities	☐	☐	☐	☐	☐
f. No friends in area	☐	☐	☐	☐	☐
g. Friends in area	☐	☐	☐	☐	☐
h. Good health	☐	☐	☐	☐	☐
i. Poor health	☐	☐	☐	☐	☐
j. Household responsibilities	☐	☐	☐	☐	☐
k. Adequate income	☐	☐	☐	☐	☐
l. Inadequate income	☐	☐	☐	☐	☐
m. Lack of interest	☐	☐	☐	☐	☐
n. Language difficulties	☐	☐	☐	☐	☐
o. Living alone	☐	☐	☐	☐	☐
p. Living with others	☐	☐	☐	☐	☐
q. Preference for group activities	☐	☐	☐	☐	☐
r. Relatives in area	☐	☐	☐	☐	☐
s. Other places to go	☐	☐	☐	☐	☐

24. Please indicate the groups with which your senior adult program participants cooperate as representatives of your program.

	We work at their site	They work at our site	Not applicable
	1	2	3
a. Boy Scouts, Girl Scouts, Campfire Girls, etc.	☐	☐	☐
b. Red Cross	☐	☐	☐
c. FFA & 4-H Clubs	☐	☐	☐
d. YM & YWCA, YM & YWHA	☐	☐	☐
e. Educational institutions	☐	☐	☐
f. United Fund or related agency	☐	☐	☐
g. Health-related charities—(heart, cancer, etc.)	☐	☐	☐
h. Hospitals—(children's, mental, general)	☐	☐	☐
i. Nursing homes, homes for the aged	☐	☐	☐
j. Church groups	☐	☐	☐
k. Labor organizations	☐	☐	☐
l. Civic groups (Rotary, Soroptomists, etc.)	☐	☐	☐
m. Other (Please specify below)			
n. _____	☐	☐	☐
o. _____	☐	☐	☐
p. _____	☐	☐	☐

25. Please estimate how many hours per month each listed activity (or group of activities) is provided at or through your site. Then for each activity indicate the staff members involved.

Activities and services	Hours per month (Enter 0 if not available)	Our own staff on site	Our own staff at/or from another site	Member volunteers	Community volunteers	Staff from other agency at our site	Referral to another staff at another site
	1	2	3	4	5	6	7
a. Active recreation (hiking, dancing, sports, exercise classes)	_____	☐	☐	☐	☐	☐	☐
b. Creative activities (arts and crafts, drama, music, preparing bulletin/newsletter)	_____	☐	☐	☐	☐	☐	☐
c. Sedentary recreation (cards, bingo, movies, spectator sports, parties)	_____	☐	☐	☐	☐	☐	☐
d. Nutrition (classes and/or counseling)	_____	☐	☐	☐	☐	☐	☐
d. Classes, lectures, discussion groups	_____	☐	☐	☐	☐	☐	☐
f. Counseling	_____	☐	☐	☐	☐	☐	☐
g. Information and referral	_____	☐	☐	☐	☐	☐	☐
h. Services (employment, health, legal, library)	_____	☐	☐	☐	☐	☐	☐
i. Home-delivered meals	_____	☐	☐	☐	☐	☐	☐
j. Meals on premises	_____	☐	☐	☐	☐	☐	☐
k. Membership-governing groups (committees, board)	_____	☐	☐	☐	☐	☐	☐
l. Leadership development training	_____	☐	☐	☐	☐	☐	☐

26. How important are the following factors in influencing attendance at your site? (Check one response for each factor.)

	Most important (5)	Important (4)	Somewhat important (3)	Only slightly important (2)	Unimportant (1)
a. Discontinuance of government support	☐	☐	☐	☐	☐
b. Discontinuance of private support	☐	☐	☐	☐	☐
c. Distance from residential area	☐	☐	☐	☐	☐
d. High crime rate in neighborhood	☐	☐	☐	☐	☐
e. Hours of operation	☐	☐	☐	☐	☐
f. Inadequate funding	☐	☐	☐	☐	☐
g. Inadequate space	☐	☐	☐	☐	☐
h. Inclement weather	☐	☐	☐	☐	☐
i. Lack of parking space	☐	☐	☐	☐	☐
j. Lack of public transportation	☐	☐	☐	☐	☐
k. Lack of transportation provided by the program	☐	☐	☐	☐	☐
l. New government support	☐	☐	☐	☐	☐
m. New private support	☐	☐	☐	☐	☐
n. Religious backgrounds incompatible	☐	☐	☐	☐	☐
o. Uncomfortable facility	☐	☐	☐	☐	☐

27. Does the program you direct ever perform any of the following services either at your site or elsewhere?

(Please check all that apply.)

- a. Convene meetings of other service agencies in your community ☐
- b. Convene meetings of other agencies concerned with the aged in your community ☐
- c. Promote or sponsor community-wide programs for the elderly ☐
- d. Cooperate with other agencies in joint service delivery ☐
- e. Coordinate service delivery of other agencies regarding direct services to the elderly ☐
- f. Serve as a resource on aging to other community agencies ☐
- g. Train other agency personnel in the concepts of aging ☐
- h. Train students ☐
- i. None of the above ☐
- j. Other (Please specify) _____ ☐

28. Are the services provided by other organizations cooperative or competitive with your program? (Please rank each one on this scale.)

	Very Cooperative (5)	Cooperative (4)	Neither (3)	Competitive (2)	Very Competitive (1)	Not applicable (0)
a. Adult education programs	☐	☐	☐	☐	☐	☐
b. Churches	☐	☐	☐	☐	☐	☐
c. Fraternal/civic organizations	☐	☐	☐	☐	☐	☐
d. Senior centers	☐	☐	☐	☐	☐	☐
e. Recreation/community centers	☐	☐	☐	☐	☐	☐
f. Other programs for older adults	☐	☐	☐	☐	☐	☐
g. Settlement houses	☐	☐	☐	☐	☐	☐

GOVERNANCE

29. Do you encourage members to serve on committees?

No ☐ 1 (Go on to 30)

Yes ☐ 2 (Please continue)

a. How many members participate in committee activities? (Unduplicated count) _____

30. Please check the ways in which your participants or members are involved in the governing of your center or club. Then estimate the number of members involved.

	Not Applicable (1)	Involved (2)	Number involved (3)
a. Serving on governing board	☐	☐	_____
b. Serving on standing committee	☐	☐	_____
c. Serving on special committees	☐	☐	_____
d. Voting on important issues	☐	☐	_____
e. Voicing concerns	☐	☐	_____
f. Offering suggestions	☐	☐	_____

31. How many members are not active in any of the above activities? _____

32. How do you think participation in your program has affected the abilities of most of your participants?

Ability to:	No change (0)	Slight improvement (1)	Moderate improvement (2)	Much improvement (3)	Extensive improvement (4)
a. Develop new interests	☐	☐	☐	☐	☐
b. Use capabilities	☐	☐	☐	☐	☐
c. Help themselves	☐	☐	☐	☐	☐
d. Participate in self-government	☐	☐	☐	☐	☐
e. Accept new roles	☐	☐	☐	☐	☐
f. Relate to the community	☐	☐	☐	☐	☐
g. Render community services	☐	☐	☐	☐	☐
h. Work for changes beneficial to older people	☐	☐	☐	☐	☐
i. Act independently	☐	☐	☐	☐	☐
j. Increase personal growth	☐	☐	☐	☐	☐

33. To what extent has your program progressed in its ability to

	Not at all	Very little	Some	Much	Extensively
	0	1	2	3	4
a. Provide encouragement and support?	☐	☐	☐	☐	☐
b. Foster independence?	☐	☐	☐	☐	☐
c. Stimulate new interests?	☐	☐	☐	☐	☐
d. Use capabilities of participants?	☐	☐	☐	☐	☐
e. Promote self-government?	☐	☐	☐	☐	☐
f. Act as an intermediary with the community?	☐	☐	☐	☐	☐
g. Promote feelings of belonging?	☐	☐	☐	☐	☐
h. Serve as an agent of change?	☐	☐	☐	☐	☐
i. Encourage self-help?	☐	☐	☐	☐	☐
j. Promote new community services?	☐	☐	☐	☐	☐

34. Please check the blank corresponding to the seriousness of any problem you have had in providing services which

	No problem	Slight problem	Moderate problem	Serious problem	Very serious problem
	0	1	2	3	4
a. Foster independence	☐	☐	☐	☐	☐
b. Stimulate new interests	☐	☐	☐	☐	☐
c. Use capabilities of participants	☐	☐	☐	☐	☐
d. Promote self-help	☐	☐	☐	☐	☐
e. Promote self-government	☐	☐	☐	☐	☐
f. Provide encouragement and support	☐	☐	☐	☐	☐
g. Act as an intermediary with community	☐	☐	☐	☐	☐
h. Serve as an agent of change	☐	☐	☐	☐	☐
i. Promote new community services	☐	☐	☐	☐	☐
j. Promote feeling of belonging	☐	☐	☐	☐	☐

ADMINISTRATOR

35. THE FOLLOWING INFORMATION SHOULD BE PROVIDED BY THE PERSON AT THIS SITE DIRECTLY IN CHARGE OF OPERATING THIS SENIOR ADULT PROGRAM

a. Highest level of education you have completed

Grades 1-8	☐ 1	Post high school (technical)	☐ 4
Some high school	☐ 2	Some college	☐ 5
High school	☐ 3	College	☐ 6
		Graduate school	☐ 7

b. Highest degree/diploma held _____ Major _____

c. Have you taken any special short courses to help you in this position? No ☐ 1 Yes ☐ 2

d. Hours/week required at work in senior adult program _____

e. Hours/week actually worked in senior adult program _____

g. How long have you

1. Held this position? _____

2. Worked in the field of aging? _____

h. What was your job title in your last position? _____

i. Salary (Check one)

Less than $2,000	☐ 1	$8,000-$9,999	☐ 6
$2,000-$2,999	☐ 2	$10,000-$11,999	☐ 7
$3,000-$3,999	☐ 3	$12,000-$14,999	☐ 8
$4,000-$4,999	☐ 4	$15,000-$19,999	☐ 9
$5,000-$7,999	☐ 5	Over $20,000	☐ 10

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STAFF

36. Does your center (or program) provide any of these incentives for senior program administrators and staff to participate in training, education or professional growth? (Check all that you provide)

a. Paid tuition ☐
b. Staff reference library ☐
c. Lectures, seminars, symposia ☐
d. On-the-job training ☐
e. Promotion based on participation in training program ☐
f. Salary increase after training ☐
g. Paid professional memberships ☐
h. Paid attendance at professional meetings ☐
i. Leave with pay ☐
j. Leave without pay ☐
k. None of the above ☐

l. Other (Please specify) _____

37. Please indicate the title of all professional employees on your staff assigned to the senior adult program at this site. Then provide the additional information for each. If you need more space continue on last page

Title	Number in this position	Total number of hours worked per week in senior program	Total of salaries for this position	Additional number needed 1975
(1)	(2)	(3)	(4)	(5)

38. To what extent does your organization make an effort to employ persons over 55 to serve on the staff?

Very extensive	Extensive	Some	Little	None
☐	☐	☐	☐	☐
4	3	2	1	0

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39 Please indicate the kinds of contact your senior adult program staff members at this site have with other agencies in the area. (Check all appropriate responses.)

Other agencies/ organizations	None (1)	Referral: Directed to (2)	Referral: Received from (3)	Information Exchange: to (4)	Information Exchange: from (5)	Staff Sharing (6)	Reports: Sent to (7)	Reports: Received from (8)
a. Federal agencies								
b. State units on aging								
c. Areawide agencies								
d. Local offices on aging								
e. Local or county agencies (county welfare department, local Social Security offices, community councils, health and welfare councils, etc.)								
f. Local recreation & parks department								
g. Health-related groups (e.g., homes for the aged, visiting nurses, nursing homes, home care, hospitals)								
h. Day care centers for the elderly								
i. Retirement communities								
j. Public housing authorities								
k. Other senior centers								
l. Other senior clubs								
m. Private casework agencies								
n. Community action programs								
o. Human services agencies (Y, Salvation Army, Red Cross, service clubs, youth groups, etc.)								
p. Religious organizations								
q. Educational institutions								
r. Other _____								

Is your senior program considered to be

A senior center	☐	Please answer all questions on the yellow pages.
A senior club	☐	Please answer all questions on the blue pages.
Uncertain	☐	Please review both yellow and blue forms. Complete the one which is more appropriate for your program.

PLEASE CONTINUE WITH CENTER OR CLUB QUESTIONNAIRE.

SENIOR CENTER QUESTIONNAIRE

THIS SECTION IS TO BE COMPLETED ONLY BY THE PERSON LOCATED AT THIS SITE IN CHARGE OF THE OPERATION OF THIS PROGRAM.

INTRODUCTORY INFORMATION

1. Is this site located at the headquarters of the organization? ..... No ☐ 1 Yes ☐ 2

1A. Which of the listed personnel and services are located at this site?

Executive/ administrator	Supervisors or Coordinators	Staff	Participants	Activities and/or services
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

2. Is this site one of several sites within the same organization? ..... No ☐ 1 Yes ☐ 2

(a) How many program sites make up your organization? _____

(b) Does your organization or site have personnel or services located at other sites? ..... No ☐ 1 Yes ☐ 2

(c) Which of the listed personnel and services are located at other sites?

Administrator	Supervisors or Coordinators	Staff	Participants	Activities and/or services
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

3. Are there other agencies in your target area that provide services to the elderly? ..... No ☐ 1 Yes ☐ 2

a. Approximately how many? _____

4. How was your center (or program) established? (Check all that apply.)

	How established? 1	Year 2
a. By a group of nonmember interested citizens	☐	_____
b. By a group of adults who grew old together and are members	☐	_____
c. By a voluntary agency (church, service club)	☐	_____
d. By changing from a club to a center	☐	_____
e. By another agency such as parks and recreation department	☐	_____
f. By local legislation	☐	_____
g. Other (Please specify) _____		

PROGRAMS

5. Do you have an outreach program? (A program designed to locate and help the isolated, lonely, hard-to-find elderly.) No ☐ 1 (Go on to 8) Yes ☐ 2 (Please continue)

6. Approximately how many outreach contacts does your program make in an average month? _____

7. What is the total number of outreach workers? _____

a. How many of these are older persons? _____

b. How many of these are volunteers? _____

FACILITIES

8. In the first column place the number of such areas you have available. Then indicate the frequency of use for each area by checking the proper column. Check the box to indicate the adequacy of the area. Finally check the box provided to indicate whether wheelchairs can be completely accommodated.

   If no such area is available enter a "0" and proceed to the next item on the list.

	1 Number	2 Frequency of use: At least weekly (1)	2 Frequency of use: Less than weekly (2)	3 Adequacy: Adequate (1)	3 Adequacy: Inadequate (2)	4 Wheelchairs accommodated
a. Hallways	____	☐	☐	☐	☐	☐
b. Multipurpose room	____	☐	☐	☐	☐	☐
c. Entry area including coat room	____	☐	☐	☐	☐	☐
d. "Quiet" lounge	____	☐	☐	☐	☐	☐
e. Library	____	☐	☐	☐	☐	☐
f. "Noisy" lounge	____	☐	☐	☐	☐	☐
g. Auditorium	____	☐	☐	☐	☐	☐
h. Dining-room	____	☐	☐	☐	☐	☐
i. Kitchen & food storage	____	☐	☐	☐	☐	☐
j. Hobby/craft rooms	____	☐	☐	☐	☐	☐
k. Meeting/classrooms	____	☐	☐	☐	☐	☐
l. Consultation rooms	____	☐	☐	☐	☐	☐
m. First-aid rooms	____	☐	☐	☐	☐	☐
n. Miscellaneous storage	____	☐	☐	☐	☐	☐
o. Offices	____	☐	☐	☐	☐	☐
p. Bathrooms	____	☐	☐	☐	☐	☐
q. Parking area	____	☐	☐	☐	☐	☐
r. Outdoor recreation area	____	☐	☐	☐	☐	☐

BUDGET

9. Is there a specific budget for your senior adult program? ..... No ☐ 1 / Yes ☐ 2

   a. If no, how do you acquire needed supplies, equipment and funds?

   (1) Requisition ☐ (3) Oral request ☐
   (2) Purchase order ☐ (4) Proposal ☐

   If yes, please complete the information requested in the section below.

10. What was the total budget for your senior adult program at this site in: 1973? _____

11. What was the total budget for your senior adult program at this site in: 1974? _____

    a. Its first year of operation 19____? _____
    (date)

12. What method do you use for planning your budget? ..... Fiscal year ☐ 1 / Calendar year ☐ 2

13. Of your total budget for the senior adult program for the last fiscal/calendar year, what part was used for:

    a. Operating expenses? _____

    b. Capital expenditures? _____

    c. Cash flow-through? _____

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14. Please estimate to the nearest five percent (5%) the portion of your senior adult program income provided by each of these sources. You may use dollar amounts if you prefer.

    a. *FEDERAL FUNDS*

    Older Americans Act (OAA):
    (1) Community Services (Title III) _____
    (2) Nutrition Program (Title VII) _____
    Office of Economic Opportunity (OEO):
    (3) (Senior Opportunities and Services, Emergency Food and Medical Services, etc.) _____

    Social Security
    (4) Adult Social Services (Titles 1, IV, VI, X, XVI) _____
    (5) Medicare/Medicaid (Titles XVIII, XIX) _____

    (6) ACTION (Foster Grandparents, RSVP, etc.) _____
    (7) Department of Agriculture: Cooperative Extension Act _____

    Department of Labor
    (8) Operation Mainstream _____
    (9) New Careers, Job Corps, etc. _____

    (10) Other Federal funds (Please specify) _____

    (11) Percent of or total funds from Federal sources _____

    b. *STATE AND LOCAL FUNDS*

    State funds:
    (1) General revenue sharing _____
    (2) Other state funds _____
    County Funds:
    (3) Revenue sharing _____
    (4) Other county funds _____
    Municipal/town funds
    (5) Revenue sharing _____
    (6) Other municipal/local funds _____
    (7) Percent of total funds from state and local sources _____

    c. *OTHER SOURCES OF INCOME*

    (1) Contributions in-kind (facilities, utilities, equipment, supplies) _____
    (2) United Fund, Community Chest, etc. _____
    (3) Religious organizations _____
    (4) Foundations, endowments, individual contributions _____
    (5) Income from projects (crafts, etc.) _____
    (6) Membership fees _____
    (7) Special fees (Specify) _____
    (8) Unions _____
    (9) Civic organizations _____
    (10) Other (specify) _____
    (11) Percent of total funds from other sources _____

    Total of all funds 100%

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15. Is your senior adult program financed by
Public funds (government agency including parks & recreation)? ☐ 1
Private funds (church, member contributions only, local civic groups)? ☐ 2
Both? (Please estimate the part from) ☐ 3

a. Amount of Public funds _____
b. Amount of Private funds _____

PUBLIC RELATIONS

16. Please indicate the frequency with which you use these methods of conveying information about your program.

Method	Frequency				
	Almost always	Frequently	Occasionally	Seldom	Never
a. Newspaper releases	☐	☐	☐	☐	☐
b. Newsletter	☐	☐	☐	☐	☐
c. Radio	☐	☐	☐	☐	☐
d. Television	☐	☐	☐	☐	☐
e. Church bulletins	☐	☐	☐	☐	☐
f. Community bulletins	☐	☐	☐	☐	☐
g. Recreation department bulletins	☐	☐	☐	☐	☐
h. Posters on bulletin boards	☐	☐	☐	☐	☐
i. Welcome Wagon	☐	☐	☐	☐	☐
j. Public speakers	☐	☐	☐	☐	☐
k. Outreach	☐	☐	☐	☐	☐
l. Other (Specify) _____	☐	☐	☐	☐	☐

17. What kinds of recordkeeping do you use at this site?

a. Membership records ☐
b. Attendance records ☐
c. Financial records ☐
d. Supplies & equipment records ☐
e. Personnel records ☐
f. Accident & health reports ☐
g. Historical records ☐
h. Community contact records ☐
i. Program records ☐

Please use the extra space below for any comments you wish to add about this questionnaire or about any aspect of your program for older people. If you wish additional space for listing staff, please insert an additional sheet.

Thank you for your cooperation.
PLEASE USE FOLDED SELF MAILER AT END OF QUESTIONNAIRE. STAPLE BEFORE RETURNING.

THIS SECTION IS TO BE COMPLETED ONLY BY CLUBS.

INTRODUCTORY INFORMATION

1. What category best describes the organization of your club?
(Please check only one.)

Club was independently organized and is independently operated ☐ 1
Club was organized by a larger agency but now is independent ☐ 2
Club was organized independently but now operates under auspices of a larger organization ☐ 3
Club was organized by a larger agency and continues to operate under its auspices ☐ 4

2. How was your club established? (Check the first column. Then check the second column only if the group received outside assistance.)

	How established (1)	Outside assistance (2)
a. By a group of young persons who grew old together	☐	☐
b. By a group of older persons	☐	☐
c. By a group of persons of all ages	☐	☐
d. By a senior center	☐	☐
e. By a voluntary organization (church, service club, Salvation Army, etc.)	☐	☐
f. By a parks and recreation department	☐	☐
g. By a governmental agency (welfare department, HUD, etc.; (please specify)	☐	☐
h. By a council or office on aging	☐	☐
i. Other (Please specify)	☐	☐

3. If your club is part of a larger organization including other clubs or centers, what is the type of the larger organization? (See list above, e.g., voluntary organization, parks & recreation, etc.)

FACILITIES

4. What facilities are used by your club for regularly scheduled meetings?

a. A member's home ☐
b. Church, temple or synagogue ☐
c. Senior Center ☐
d. Building operated by recreation and parks ☐
e. Library ☐
f. School ☐
g. Other public buildings (Specify) ☐
h. Facility of other civic and social groups ☐
i. Commercial (bowling alley, restaurant, golf club, etc.) ☐
j. Other _____ ☐

5. To what extent does the kind of place where you meet limit the kind and number of programs offered?

Not at all ☐ 0 Slightly ☐ 1 Extensively ☐ 2

6. Are wheelchairs fully accommodated at your site?

No ☐ 1
Yes ☐ 2

GOVERNANCE

7. The responsibility for operation of this club is that of (Check all that apply)

a. Paid staff ☐
b. Elected officers ☐
c. Appointed officers ☐
d. Elected committee members ☐
e. Appointed committee members ☐
f. Volunteers ☐
g. Other (please specify) ☐

8. Does your club have a board of directors?

No ☐ 1
Yes ☐ 2

9. Which of these committees are active at your club?

a. Clean-up ☐
b. Finance ☐
c. Fund raising ☐
d. New members ☐
e. Planning ☐
f. Program ☐
g. Refreshment ☐
h. Social ☐
i. Sunshine ☐
j. Transportation ☐
k. Other (Please specify)

10. To what extent do club members accept responsibility for making major decisions about the club?

Not at all ☐ 0 Accept very little ☐ 1 Accept some ☐ 2 Accept much ☐ 3 Accept all ☐ 4

11. How active are members of the club in planning programs and activities?

Not at all active ☐ 0 Slightly active ☐ 1 Somewhat active ☐ 2 Very active ☐ 3 Extremely active ☐ 4

12. Do you find it necessary to encourage club members to participate in scheduled activities?

Never ☐ 0 Sometimes ☐ 1 Frequently ☐ 2 Almost always ☐ 3 Always ☐ 4

13. Do you think that members who do not participate as officers or committee members are satisfied with their relationship with the club?

No ☐ 1
Yes ☐ 2

14. What kinds of recordkeeping do you use at this site?

a. Membership records ☐
b. Attendance records ☐
c. Financial records ☐
d. Supplies & equipment records ☐
e. Personnel records ☐
f. Accident & health reports ☐
g. Historical records ☐
h. Community contact records ☐
i. Program records ☐
j. Other (Please specify) _____

BUDGET

15. Do you have any of the following? (Check all that apply, then indicate amount)

	1	2
a. Dues	☐	_____ Amount per _____
b. Initiation fees	☐	_____
c. Special fees	☐	_____
d. (Specify) _____		
e. Treasury	☐	
f. If you checked this category, how much was in your treasury at the end of 1973?		_____
g. 1974?		_____
(Year organized)		
h. 19		_____
i. 1976 projection		_____

16. Does your club receive any Federal Funds?

No ☐ 1 (Go on to 16c)
Yes ☐ 2 (Please continue)

a. If so, what part of your budget is provided by Federal funds? _____

b. From which Federal programs do you receive these funds? _____

c. Does your club receive any state funds?

No ☐ 1
Yes ☐ 2

d. Does your club receive any county/local funds

No ☐ 1
Yes ☐ 2

e. Does your club receive any private funds?

No ☐ 1
Yes ☐ 2

f. Other sources of funds _____

PUBLIC RELATIONS

17. How do *most* new members learn about the club? (Select one)

Newsletters ☐ 1
Newspapers ☐ 2
Television ☐ 3
Radio ☐ 4
Church bulletins ☐ 5
Community bulletins ☐ 6
From friends ☐ 7
From relatives ☐ 8
From present members ☐ 9
Other _____ ☐ 0

Telephone Number _____

ID Number _____

Interviewer _____

Date _____

Time _____ _____
Begin End

NON-USER QUESTIONNAIRE

INTERVIEWER INTRODUCTION

(Fill in blanks before using this page)

Good _____. This is _____. I am a member of the staff of the National Council on the Aging in Washington, D. C. We are making a survey of older adults in the _____ area. Could you tell me if anyone over 55 years old resides in this home?

(NO) Thank you very much, then. (ANSWER ANY SHORT QUESTIONS THEY ASK AND HANG UP)

(YES) May I speak with that person?

No 1 — Yes 2 → a. IF SENIOR CITIZEN IS CALLED TO PHONE, BEGIN INTERVIEW, PAGE 2 →

Yes 2 → b. IF SENIOR CITIZEN IS PERSON SPOKEN TO, BEGIN INTERVIEW WITH QUESTION 1, PAGE 2 →

1. (PROBE TO FIND OUT WHY NOT)

a. IF TOO ILL OR DISABLED (EXPRESS FEELINGS)

(1) Does this person receive any services from _____ Senior Center?

No 1 (GO TO 2) Yes 2 (CONTINUE)

(a) What services does he/she receive?

(2) Does he/she receive any services from other social services agencies?

No 1 (CONCLUDE) Yes 2 (CONTINUE)

(a) What services does he receive?

(THANK THEM AND HANG UP - CONSIDER INTERVIEW COMPLETE AND MARK QUESTION -41 page 3- AS REASON FOR NONATTENDANCE AT CENTER)

b. IF PERSON IS NOT AT HOME ..... (SEE OTHER SIDE)

b. IF PERSON IS NOT AT HOME

(1) Does the person over 55 belong to or attend a Senior Center?

No 1 (CONTINUE TO (2) BELOW) Yes 2 a. Which Center?

_____

(EXPLAIN THAT WE ARE ONLY INTERVIEWING NON-USERS OF SENIOR CENTERS DURING THIS PHASE OF THE PROGRAM. THANK AND HANG UP)

(2) Could I call back at some other time to speak with that person?

(IF HESITANT***STRESS THAT INFORMATION WILL BE CONFIDENTIAL AND QUESTIONS ARE BRIEF, NO NAMES WILL BE RECORDED!!!)

No 1 (THANK & HANG UP) Yes 2

TIME TO CALL BACK _____

VALIDATE PHONE NUMBER _____

ADD TO SCHEDULE

NON-USER QUESTIONNAIRE

NON-USER QUESTIONNAIRE

BEGINNING OF INTERVIEW

Good _____. I am _____ from The National Council on the Aging in Washington, D.C. We are making a survey of older adults in the _____ area. Would you mind answering a few questions? Your name will not be required. The person who answered the phone indicated that you were 55 or older. Is that correct?

1a. Age? _____ (ASK AGE LATER) 1b. Sex _____

START

2. Have you ever heard of the _____ Center? (IF SEVERAL CENTERS ARE IN THE AREA, ASK "A SENIOR CENTER."

YES 2a. Where is the Center located? (CHECK, IF NECESSARY BEFORE COMPLETING) Incorrect-1 Correct-2

2b. Have you ever been to the Center? No-1 Yes-2

IF YES, Do you attend regularly _____ → EXPLAIN WE ARE ONLY INTERVIEWING NON-USERS DURING THIS PHASE OF THE STUDY. HE MAY BE INTERVIEWED AS A USER AT THE CENTER. THANK & HANG UP.

occasionally _____ →

once _____

↓

If ONCE, Is there any reason why you have not returned? _____

_____

_____

(CONTINUE WITH 2c)

2c. Do you know anyone who goes to the Center? No-1 Yes-2

IF YES,

1. Do you have any friends who go to the Center? No-1 Yes-2
2. Do you have any relatives who go to the Center? No-1 Yes-2

2d. How far do you live from the Center? (CIRCLE ONE)

One city block	1
2 - 5 blocks	2
6 - 10 blocks (1/4 & 1/2 mile)	3
Between 1/2 mile & 1 mile	4
One - two miles	5
Over two miles	6
Don't know	7

NO

3. Can you tell me if you might like to attend a Senior Center?
No-1 Yes-2

IF NO, Why not?

GO TO QUESTION 5

IF YES, Why?

GO TO QUESTION 4

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ASK QUESTION 4 ONLY OF THOSE WHO HAVE INDICATED THAT THEY WOULD LIKE TO ATTEND CENTER

4. Have any of these kept you from attending the Center? As I read the list will you tell me whether it has been very much, some, or not at all a factor in preventing your attending the center. (CIRCLE ONE RESPONSE FOR EACH REASON.)

	Very much	Some	Not at all
a. Distance from your residence to the Center	2	1	0
b. The hours when Center is open have	2	1	0
c. Inadequate space at the Center	2	1	0
d. Bad weather	2	1	0
e. Not enough parking space	2	1	0
f. Inadequate transportation	2	1	0
g. Lack of transportation provided by the Center	2	1	0
h. Your religious background	2	1	0
i. Your feeling of being unsafe	2	1	0
j. Your health	2	1	0
k. Church	2	1	0
l. Other	2	1	0

5. As I read this next list will you tell me if any are problems for you. (CIRCLE ONE RESPONSE FOR EACH PROBLEM.)

	Very serious problem	Somewhat serious problem	Hardly a problem at all	Not a problem	Not sure/NA (Volunteered)
a. The cost of buses and subways	1	2	3	4	5
b. Difficulty in walking and climbing stairs	1	2	3	4	5
c. Danger of being robbed or attacked on the street	1	2	3	4	5
d. No buses or subways available for where you want to go	1	2	3	4	5
e. Your general health	1	2	3	4	5
f. Not having a car or being able to drive	1	2	3	4	5
g. Not having enough money to live on	1	2	3	4	5
h. Loneliness	1	2	3	4	5
i. Not enough medical care	1	2	3	4	5
j. Other _____	1	2	3	4	5

NOW WE'D LIKE TO DISCUSS HOW YOU USE YOUR TIME.

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6. How much time do you personally spend (READ LIST) -- a lot of time, some time or hardly any time at all? (CIRCLE CODE FOR EACH ITEM ON LIST. NOT SURE IS VOLUNTEERED ONLY.)

	A lot	Some	Hardly any at all	Not sure	None
a. Participating in recreational activities and hobbies	1	2	3	4	5
b. Participating in fraternal or community organizations or clubs	1	2	3	4	5
c. Socializing with friends	1	2	3	4	5
d. Sitting and thinking	1	2	3	4	5
e. Caring for younger or older members of the family	1	2	3	4	5
f. Participating in political activities	1	2	3	4	5
g. Sleeping	1	2	3	4	5
h. Watching television	1	2	3	4	5
i. Working part-time or full-time	1	2	3	4	5
j. Doing volunteer work	1	2	3	4	5
k. Participating in sports, like golf, tennis or swimming	1	2	3	4	5
l. Just doing nothing	1	2	3	4	5
m. Reading	1	2	3	4	5
n. Going for walks	1	2	3	4	5
o. Gardening or raising plants	1	2	3	4	5
p. Listening to the radio	1	2	3	4	5
q. At church	1	2	3	4	5

7. In the last year or so, have you been to _____ (READ FIRST ITEM. IF "YES," ASK) When did you last attend? (IF NO, GO ON TO NEXT ITEM.)

	Yes	No	Vol./ Not sure	Within last day or two	Within last week or two	A month ago	2-3 months ago	Longer ago than that	Vol./ Not sure
1. A movie	1	2	3	1	2	3	4	5	6
2. A museum	1	2	3	1	2	3	4	5	6
3. A live theater, dance, or musical concert performance	1	2	3	1	2	3	4	5	6
4. Places to shop	1	2	3	1	2	3	4	5	6
5. A Golden Age Club or other Senior Center	1	2	3	1	2	3	4	5	6
6. A sports event	1	2	3	1	2	3	4	5	6
7. A restaurant	1	2	3	1	2	3	4	5	6
8. A community or neighborhood center or recreation center	1	2	3	1	2	3	4	5	6
9. A church or synagogue	1	2	3	1	2	3	4	5	6
10. A library	1	2	3	1	2	3	4	5	6
11. A doctor or clinic	1	2	3	1	2	3	4	5	6
12. A public park	1	2	3	1	2	3	4	5	6
13. The home of a neighbor or friend	1	2	3	1	2	3	4	5	6
14. The home of a relative	1	2	3	1	2	3	4	5	6

I'M GOING TO READ SOME STATEMENTS ABOUT HOW YOU MAY FEEL ABOUT YOUR LIFE TODAY, IF YOU DON'T WANT TO ANSWER ANY QUESTION, PLEASE TELL ME.

		Agree	Dis-agree	Not sure
8. a.	As I grow older, things seem better than I thought they would be	1	2	3
b.	I have gotten more of the breaks in life than most of the people I know	1	2	3
c.	This is the dreariest time of my life	1	2	3
d.	I am just as happy as when I was younger	1	2	3
e.	My life could be happier than it is now	1	2	3
f.	These are the best years of my life	1	2	3
g.	Most of the things I do are boring or monotonous	1	2	3
h.	I expect some interesting and pleasant things to happen to me in the future	1	2	3
i.	The things I do are as interesting to me as they ever were	1	2	3
j.	I feel old and somewhat tired	1	2	3

9. What is your marital status? Single 1 Married 2 Living with companion 3 Divorced 4 Separated 5 Widowed 6

9a. Do you have any living? (READ LIST) (IF YES:) How many living (item) do you have? (CIRCLE CODE FOR EACH ITEM ON LIST. NOTE THAT CODE DIFFERS FROM NUMBER.) NUMBERS CIRCLED ARE NOT TO BE ASKED UNMARRIEDS.

	Don't have	One	Two	Three	Four	Five or More
(1) Children	1	2	3	4	5	6
2. Brothers or sisters	1	2	3	4	5	6
3. Parents	1	2	3	4	5	6
4. Close friends	1	2	3	4	5	6
(5) Grandchildren	1	2	3	4	5	6

9b. (ASK FOR EACH "HAVE") When did you last see (any of) your (item) -- within the last day or two, within the last week or two, a month ago, two to three months ago, or longer ago than that? (CIRCLE CODE FOR EACH APPLICABLE ITEM.)

	Within last day or two	Within last week or two	A month ago	2-3 months ago	Longer than that	I live with them	Not sure
(1) Children	1	2	3	4	5	6	7
2. Brothers or sisters	1	2	3	4	5	6	7
3. Parents	1	2	3	4	5	6	7
4. Close friends	1	2	3	4	5	6	7
(5) Grandchildren	1	2	3	4	5	6	7

10. Did you belong to any group or organization when you were about 35?

No 1 (GO ON TO NEXT QUESTION.)

Yes 2 Could you tell me which groups you belonged to. (WRITE, CODE LATER.)

a. Which groups do you still attend? (PUT A CHECK BY THOSE.)

11. What is your current employment status -- are you employed full-time, employed part-time, retired, or what? (CIRCLE CODE.)

1. Employed full-time..	1
2. Employed part-time..	2
3. Retired	3
4. Unemployed	4
None of the above:	
5. Student	5
6. Military service ...	6
7. Housewife	7
8. Retired, working part-time	8
9. Other _____	9

12. What kind of work do/did you do at the job you worked at the longest? (PROBE FULLY, FINDING OUT WHAT THE JOB IS/WAS CALLED, DUTIES INVOLVED, ETC., IN ORDER TO CATEGORIZE CORRECTLY BELOW. CIRCLE ONE. IF UNCERTAIN OF CODE, WRITE IN OCCUPATION AT LEFT.)

1. Professional	1
2. Manager, official, proprietor, farm manager	2
3. Clerical worker	3
4. Sales worker	4
5. Skilled craftsman, foreman	5
6. Operative, unskilled laborer (except farm)	6
7. Service worker	7
8. Farmer, farm laborer	8
9. Other (specify) _____	9
10. Never worked	10

(IF NEVER WORKED, GO TO QUESTION 14) →

(IF RETIRED.)

13. At what age did you retire? (READ LIST, CIRCLE ONE.)

1. Under 40	1
2. 40-49	2
3. 50-54	3
4. 55-59	4
5. 60-64	5
6. 65	6
7. 66	7
8. 67	8
9. 68	9
10. 69	10
11. 70-74	11
12. 75-79	12
13. 80 or older	13
14. Not sure	14

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14. Could you tell me the highest level of education you completed? (READ LIST.)

Grades 1 - 8	1
Some high school	2
High school	3
Post high school (technical) ..	4
Some college	5
College	6
Graduate school	7

15. Will you tell me the total income that you received last year, such as income from Social Security, Old Age Assistance, pensions, stocks, bonds, real estate and other investments, or money from children, BEFORE taxes. In other words, the money you had to live on last year before taxes. (READ LIST.)

a. Under $1,000	1
b. $1,000 to $1,999	2
c. $2,000 to $2,999	3
d. $3,000 to $3,999	4
e. $4,000 to $4,999	5
f. $5,000 to $6,999	6
g. $7,000 to $9,999	7
h. $10,000 to $14,999	8
i. $15,000 to $19,999	9
j. $20,000 to $24,999	10
k. $25,000 and over	11
l. Not sure	12
m. Refused	13

ASK AGE (COMPLETE QUESTION 1)

Your home may be called later by my office to verify this call. Be sure that everyone at this phone number knows that you talked to a researcher from the National Council On the Aging.

END OF QUESTIONNAIRE. THANK, ANSWER ANY QUESTIONS AND HANG UP.

COMMENTS:

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USER QUESTIONNAIRE -- ON-SITE

ON-SITE QUESTIONNAIRE--USERS

WE ARE MEMBERS OF THE RESEARCH STAFF OF NATIONAL COUNCIL ON THE AGING IN WASHINGTON, D.C. OVER THE LAST 18 MONTHS WE HAVE BEEN STUDYING SENIOR CENTERS AND CLUBS. NOW WE ARE IN THE FINAL PHASE OF THE PROJECT AND WE ARE CONCERNED WITH YOUR ATTITUDES ABOUT VARIOUS THINGS.

OUR QUESTIONS WILL BE SHORT AND YOUR NAME WILL NOT APPEAR ON MY ANSWER SHEET SO YOU ARE FREE TO EXPRESS OPINIONS. IF AN ANSWER THAT I SUGGEST DOES NOT APPLY TO YOUR SITUATION, I WILL WRITE THE ANSWER THAT YOU THINK IS APPROPRIATE.

ARE THERE ANY QUESTIONS?

Time started _____

Time finished _____

ID Number _____

FIRST LET'S LOOK AT THE REASONS PEOPLE JOIN SENIOR CENTERS

1. People give many different reasons for joining and attending Senior Centers. Can you think of some reasons why you first joined this Senior Center? (PAUSE) Would you please tell me the most important of the reasons? (YOU MAY CIRCLE MORE THAN ONE. DO NOT PROBE, DO NOT READ.)

a.	Lonely, wanted to meet people	1
b.	Depressed	2
c.	Leisure time activity (something to do)	3
d.	Educational and recreational programs	4
e.	Social services	5
f.	Meals	6
g.	Other	7

2. Why do you think some people continue to come to the Center? (CIRCLE RESPONSES. DO NOT READ LIST.)

a.	Lonely, want to meet people	1
b.	Depressed	2
c.	Leisure time activity (something to do)	3
d.	Educational and recreational programs	4
e.	Social services	5
f.	Meals	6
g.	No other outlets	7
h.	Other	8

3. Do you have friends who do not attend the Center?

No	Yes
1	2
(GO TO #4)	(CONTINUE)

3a. Could you give me some reasons why you think they do not attend the Center? (DO NOT READ LIST.)

a.	Health	1
b.	Lack of transportation	2
c.	Other responsibilities	3
d.	Still working	4
e.	Don't want to associate with older people	5
f.	Unaware of opportunities available	6
g.	Not old enough to join	7
h.	Other	8

NOW WE WOULD LIKE TO TALK ABOUT SOME FACTORS THAT MIGHT MAKE IT DIFFICULT TO ATTEND A CENTER.

4. How far do you live from the Center? (CIRCLE ONE RESPONSE ONLY.)

One city block	1	Between 1/2 mile and 1 mile ..	4
2 - 5 blocks	2	One - two miles	5
6 - 10 blocks (1/4 and 1/2 mile)	3	Over two miles	6

5. How do you get to the Center? (READ. CIRCLE ONLY ONE. USE MOST COMMON METHOD IF SEVERAL.)

Walk	1
Ride with others	2
Drive	3
Public transportation	4
Center transportation	5

6. Can you tell me if any of these have kept you from using this Center as much as you would like? (READ THOSE APPLICABLE, REPEATING QUESTION. RECORD BELOW.) Would you say Very much, Some, or Not at all?

	Very much	Some	Not at all
a. Distance from your residence to the Center	2	1	0
b. The hours when Center is open	2	1	0
c. Inadequate space at the Center	2	1	0
d. Bad weather	2	1	0
e. Not enough parking space	2	1	0
f. Inadequate transportation	2	1	0
g. Lack of transportation provided by the Center ..	2	1	0
h. Your religious background	2	1	0
i. Your feeling of being unsafe	2	1	0
(j) Your health (DO NOT ASK. COMPLETE FROM 7)	2	1	0

7. In general, how serious a problem is (READ LIST) for you -- a very serious problem, a somewhat serious problem, or hardly a problem at all? (RECORD BELOW FOR EACH ITEM ON LIST.) (PROBE, IF NECESSARY.)

	Very serious problem	Somewhat serious problem	Hardly a problem at all	Not a problem	Not sure/NA (Volunteered)
a. The cost of buses and subways	1	2	3	4	5
b. Difficulty in walking and climbing stairs	1	2	3	4	5
c. Danger of being robbed or attacked on the street	1	2	3	4	5
d. No buses or subways available for where you want to go	1	2	3	4	5
e. Your general health	1	2	3	4	5
f. Not having a car or being able to drive	1	2	3	4	5
g. Not having enough money to live on	1	2	3	4	5
h. Loneliness	1	2	3	4	5
i. Not enough medical care	1	2	3	4	5
j. Other problems (SPECIFY)	1	2	3	4	5

8. In general, do you prefer to spend your spare time alone, or with other people? (CIRCLE CODE. IF ALONE, SKIP TO QUESTION 10. OTHERWISE CONTINUE.)

a. Alone	1
b. With others .	2
c. No preference	3

(IF WITH OTHERS OR NO PREFERENCE.)

9. In general, do you prefer to spend your spare time with: (CIRCLE CODE.)

a. People about your age	1
b. Younger people	2
c. No preference--mixed age groups	3

NOW WE'D LIKE TO DISCUSS HOW YOU USE YOUR TIME

10. How much time do you personally spend (READ LIST) -- a lot of time, some time, or hardly any time at all? (CIRCLE CODE FOR EACH ITEM ON LIST. NOT SURE IS VOLUNTEERED ONLY.)

	A lot	Some	Hardly any at all	Not sure
a. Participating in recreational activities and hobbies	1	2	3	4
b. Participating in fraternal or community organizations or clubs	1	2	3	4
c. Socializing with friends	1	2	3	4
d. Sitting and thinking	1	2	3	4
e. Caring for younger or older members of the family	1	2	3	4
f. Participating in political activities	1	2	3	4
g. Sleeping	1	2	3	4
h. Watching television	1	2	3	4
i. Working part-time or full-time	1	2	3	4
j. Doing volunteer work	1	2	3	4
k. Participating in sports, like golf, tennis or swimming	1	2	3	4
l. Just doing nothing	1	2	3	4
m. Reading	1	2	3	4
n. Going for walks	1	2	3	4
o. Gardening or raising plants ...	1	2	3	4
p. Listening to the radio	1	2	3	4
q. Participating in church or synagogue activities	1	2	3	4

11. In the last year or so, have you been to _____ (READ FIRST ITEM. IF "YES" ASK.) When did you last attend? (IF NO, GO ON TO NEXT ITEM.)

	A. Yes	No	Vol./ Not sure	B. Within last day or two	Within last week or two	A month ago	2 months ago	Longer ago than that	Vol./ Not sure
1. A movie	1	2	3	1	2	3	4	5	6
2. A museum	1	2	3	1	2	3	4	5	6
3. A live theater, dance, or musical concert performance	1	2	3	1	2	3	4	5	6
4. Places to shop	1	2	3	1	2	3	4	5	6
5. A Golden Age Club or other Senior Center	1	2	3	1	2	3	4	5	6
6. A sports event	1	2	3	1	2	3	4	5	6
7. A restaurant	1	2	3	1	2	3	4	5	6
8. A community or neighborhood center or recreation center	1	2	3	1	2	3	4	5	6
9. A church or synagogue	1	2	3	1	2	3	4	5	6
10. A library	1	2	3	1	2	3	4	5	6
11. A doctor or clinic	1	2	3	1	2	3	4	5	6
12. A public park	1	2	3	1	2	3	4	5	6
13. The home of a neighbor or friend	1	2	3	1	2	3	4	5	6
14. The home of a relative	1	2	3	1	2	3	4	5	6

12. Are you currently enrolled in an educational program or taking any courses of any kind?

1 No 2 Yes (GO TO NEXT PAGE.) ——>

(ASK IF "NOT ENROLLED, TAKING COURSES" IN EDUCATION.) What is the main reason why you are not enrolled in some educational program or taking courses? Anything else: (MULTIPLE RECORD IF NECESSARY. (CIRCLE CODE.)

		Not given	Reason given
12a.	1. Not interested	1	2
	2. None available	1	2
	3. Don't know any courses for me	1	2
	4. Not enough time	1	2
	5. Too expensive	1	2
	6. Poor health	1	2
	7. I'm too old	1	2
	8. Other (specify) _____	1	2
	_____	1	2
	9. Not sure	1	2

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12b. (IF ENROLLED OR TAKING COURSES.) Where are you enrolled or taking courses? (WE'RE CONCERNED WITH PLACE, NOT LEVEL. CODE ONLY ONE.)

a. A college/university	1	f. By correspondence	6
b. A high school	2	g. At this Senior Center	7
c. A church	3	h. At another Senior Center	8
d. A library	4	i. Other	9
e. A museum	5		

NOW LET'S TALK ABOUT THE SERVICES PROVIDED BY CENTERS.

13. I am going to read a list of activities and services that are sometimes provided by Senior Centers. Will you tell when you last used the service? (IF R HAS USED SERVICE, ASK.) How satisfied were you with the service? Were you very satisfied, satisfied, or not satisfied? (IF SERVICE OR ACTIVITY IS NOT AVAILABLE, CIRCLE LETTER.)

	Last used service in the last: Week	Month	Year	Not at all	Satisfaction: Very Satisfied	Satisfied	Not Satisfied
a. Active recreation (hiking, dancing, sports, exercise classes, etc.)	3	2	1	0	3	2	1
b. Creative activities (arts and crafts, music & drama, preparing bulletin/newsletter, etc.)	3	2	1	0	3	2	1
c. Sedentary recreation (cards, bingo, movies, spectator sports, parties, etc.)	3	2	1	0	3	2	1
d. Nutrition (classes and/or counseling)	3	2	1	0	3	2	1
e. Classes, lectures, discussion groups	3	2	1	0	3	2	1
f. Counseling	3	2	1	0	3	2	1
g. Information and referral	3	2	1	0	3	2	1
h. Services (employment, health, legal, library, etc.)	3	2	1	0	3	2	1
i. Home-delivered meals	3	2	1	0	3	2	1
j. Meals on premises	3	2	1	0	3	2	1
k. Membership-governing groups (committees, boards, etc.)	3	2	1	0	3	2	1
l. Leadership development training	3	2	1	0	3	2	1
m. Tours, trips	3	2	1	0	3	2	1

14. Have you used any social services not offered at a Center but available in the community? (READ LIST.) ——>

	No	Yes
a. Department of Social Services (Welfare Department)	1	2
b. Health Department	1	2
c. Housing Authority (Public Housing)	1	2
d. Community Mental Health Center	1	2
e. Police or Sheriff's office	1	2
f. Anti-poverty Agency	1	2
g. Employment Security Commission. Vocational Rehabilitation	1	2
h. Legal Aid	1	2
i. Sheltered workshop	1	2
j. Family Counseling Service	1	2
k. Recreation Department (community recreational facilities)	1	2
l. Home Service Corps or Attendant Care for the Elderly	1	2
m. Other (SPECIFY) _____	1	2

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15. Have you heard about the programs and services at any other Senior Centers? 1 No 2 Yes

16. You may have heard of activities or services at other Senior Centers that are not provided here. What are they? (WRITE LIST OF SERVICES. CIRCLE CODES LATER.)

1
2
3
4
5
6

17. How does your Center compare with other Senior Centers or groups you have heard about in providing: (READ LIST) Would you say it is better, the same, or not as good as other centers?

	Better	Same	Not as good	Not able to answer
1. Opportunities for making decisions at the Center	3	2	1	0
2. Opportunities for community service and volunteer work with outside groups	3	2	1	0
3. Meal services	3	2	1	0
4. Facilities and staff that will help you develop new interests	3	2	1	0

18. How does your Center compare with other Senior Centers or groups you have heard or know about as far as: (READ LIST.) Would you say it is better, the same, or not as good as other centers?

	Better than most	About the same as most	Not as good as most	Not able to answer (Volunteered)
1. The way people get along together	3	2	1	0
2. The way people help each other	3	2	1	0

19. If you had a chance to attend the same kind of activities and get the same kind of services at another Senior Center, how would you feel about going there? (READ. CODE ONLY ONE YES.)

	No	Yes
1. Would want very much to go	1	2
2. Would rather go there than stay at this Center	1	2
3. Would make no difference to me	1	2
4. Would rather stay where I am than go to another Center	1	2
5. Would want very much to stay at this Center	1	2
6. Not answered	1	2

20. When you first came to the Center you may have expected the Center to meet certain needs. Can you recall any of them? (RECORD.)

20a. Did any of the programs meet your needs? No 1 Yes 2

20a$_1$. IF YES: Which programs?

20b. Could any programs, or any additional programs meet your needs or be helpful if operated differently? No 1 Yes 2

20b$_1$. IF YES: Which program changes do you think should be made?

NOW WE'D LIKE TO FIND OUT ABOUT YOUR SHARE IN RUNNING THE CENTER

21. How often do you attend this Center? Everyday 1 | A few days a week 2 | Once a week 3 | Once or so a month 4

21a. If this Center no longer operated, where would you spend the time that you presently spend here? _____

21a$_1$. What would you do there? _____

21a$_2$. If other Centers were closed, what would you do? _____

22. How active have you been in making any decisions about your Center? (IF ACTIVE, PROBE.) CIRCLE RESPONSE.)

Not active at all	Somewhat active	Very active
0	1	2

	No	Yes
23. Have you ever been an officer?	1	2
24. Do you serve on any committees at the Center? (IF YES, GO TO 25)	1	2
24a. IF NO, would you like to serve on committees at the Center?	1	2
25. Do you ever offer suggestions about programs or services that the Center might offer?	1	2
26. Do you help to carry out activities at the Center?	1	2
27. Do you vote on issues concerning members of the Center?	1	2
28. At this Center do you know who really makes decisions about the budget and services? (CIRCLE CODE FOR ALL RESPONSES.)	No	Yes
	1	2
	↓ GO TO 29	↓ CONTINUE

28a. Budget	No	Yes
Board of Directors	1	2
Director	1	2
Program director	1	2
Group leader/instructor	1	2
Group officers or chairmen	1	2
Committee members, volunteers	1	2
Others (specify) _____	1	2
Don't know	1	2

28b. Services	No	Yes
Board of Directors	1	2
Director	1	2
Program director	1	2
Group leader/instructor	1	2
Group officer or chairmen	1	2
Committee members, volunteers	1	2
Others (specify) _____	1	2
Don't know	1	2

WE'D LIKE TO KNOW A LITTLE MORE ABOUT YOUR ATTITUDES CONCERNING HOW THIS CENTER IS RUN.

29. Do you agree or disagree with each of these statements? (READ EACH; PROBE TO DETERMINE WHETHER IN STRONG AGREEMENT OR DISAGREEMENT. CIRCLE CODE.)

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
a. I think each of us can do a great deal to improve this Center ...	4	3	2	1	0
b. I sometimes feel personally responsible for the state of affairs in our Center	4	3	2	1	0
c. Persons like myself can have an influence on decisions made at this Center	4	3	2	1	0
d. There's very little I can do to change the way this Center is run	4	3	2	1	0

30. Would you tell me if you agree or disagree with these statements. (CIRCLE CODE.)

	(Volunteered) No opinion	Strongly agree	Agree	Disagree	Strongly disagree
a. It is easy to feel at home at this Center	0	1	2	3	4
b. This Center is too big and impersonal	0	1	2	3	4
c. This Center has very few cliques	0	1	2	3	4
d. Just a small group of members seems to run the Center's affairs	0	1	2	3	4
e. This Center has too many people who are used to being leaders and want to run things	0	1	2	3	4
f. There is very little bickering and argument among the members at this Center	0	1	2	3	4
g. There is too much gossiping among the members at the Center	0	1	2	3	4

31. Do you help with an outreach program?
(A program designed to locate and help the isolated, lonely, hard-to-find elderly.)

No	Yes
1	2

(CONTINUED)

31a. What do you do in this program?

31b. How many persons do you contact in an average month? _____

31c. How many hours do you work on this program monthly? _____

32. I will read some statements about this Senior Center. Please tell me if you agree or disagree with the statement. (NEXT ASK IF SHE STRONGLY AGREES OR STRONGLY DISAGREES WITH THE STATEMENT. "NOT SURE" IS VOLUNTEERED ONLY; CIRCLE CODE.

	Not sure	Strongly agree	Agree	Disagree	Strongly disagree
a. Many people at this Center want to help more but aren't asked or given a chance	0	1	2	3	4
b. The workers and staff in this Center do not pay enough attention to what the Center members think and want	0	1	2	3	4
c. Members don't have enough to say about the program and operation of this Center	0	1	2	3	4

(INDEX OF GROUP COHESIVENESS. READ STEM, THEN ALL OPTIONS. ASK "R" TO SELECT BEST RESPONSE. CIRCLE ONLY ONE YES, REMAINDER NO.

33. I am going to read you several statements about how you feel towards your Center. Please tell me the best response. (READ ALL)

Do you feel that you are	No	Yes
1. Really a part of Senior Center	1	2
2. Included in most ways	1	2
3. Included in some ways, but not others	1	2
4. Don't really belong	1	2
5. Don't get along with any one group of people	1	2
6. Not answered	1	2

Why do you say that?

LAST WE'D LIKE TO KNOW SOMETHING ABOUT YOU. YOUR NAME HAS NOT BEEN RECORDED ON THIS FORM NOR WILL IT BE. YOU MAY REFUSE ANY QUESTIONS THAT YOU FIND OBJECTIONABLE.

First, I'm going to read you some statements that people have made about life in general. For each statement, would you tell me if you tend to agree or disagree with it. Let's begin with the first statement. (READ LIST AND RECORD BELOW FOR EACH STATEMENT.)

	Agree	Disagree	Not sure
34. a. As I grow older, things seem better than I thought they would be	1	2	3
b. I have gotten more of the breaks in life than most of the people I know	1	2	3
c. This is the dreariest time of my life	1	2	3
d. I am just as happy as when I was younger	1	2	3
e. My life could be happier than it is now	1	2	3
f. These are the best years of my life	1	2	3
g. Most of the things I do are boring or monotonous	1	2	3
h. I expect some interesting and pleasant things to happen to me in the future	1	2	3
i. The things I do are as interesting to me as they ever were	1	2	3
j. I feel old and somewhat tired	1	2	3

35. What is your marital status? Are you (READ LIST. CIRCLE ONE.)

1. Single 1
2. Married 2
3. Living with companion 3
4. Divorced 4
5. Separated 5
6. Widowed 6

DO NOT ASK MEN

35a. (IF "MARRIED", "DIVORCED" OR "SEPARATED" WOMAN.) Is your husband employed full-time, employed part-time, retired or what? (READ LIST. CIRCLE ONE.)

1. Employed full-time .. 1
2. Employed part-time .. 2
3. Retired 3
4. Unemployed 4
5. Don't know 5

36. (IF "WIDOWED" WOMAN OR "EMPLOYED", "RETIRED" OR UNEMPLOYED".) What type of work did/does your husband do? I'm interested in the job he (has) held the longest. (PROBE FULLY, FINDING OUT WHAT THE JOB WAS/IS CALLED, DUTIES INVOLVED, ETC. IN ORDER TO CATEGORIZE CORRECTLY BELOW. CIRCLE ONLY ONE.)

a. Professional 1
b. Manager, official, proprietor 2
c. Clerical worker 3
d. Sales worker 4
e. Skilled craftsman, foreman 5
f. Operative, unskilled laborer (except farm) 6
g. Service worker 7
h. Farmer, farm manager, farm laborer 8
i. Other (specify) _____

37. In the past 12 months have any of the following happened to you? (CODE 1 "NO", 2 "YES" FOR EACH OF THE FOLLOWING. DO NOT ASK CIRCLED ITEMS IF "NEVER MARRIED".)

		No	Yes
(a.)	Death of spouse	1	2
b.	Death of a close family member	1	2
(c.)	Marital separation	1	2
d.	Death of a close friend	1	2
e.	Illness of spouse or other relative in household	1	2
(f.)	Divorce	1	2
g.	Family discord or family trouble	1	2
h.	Moved	1	2
i.	Change in financial state	1	2
j.	You retired from work	1	2
(k.)	Spouse retired from work	1	2
l.	Change in who you live with, or who lives with you	1	2
(m.)	Marriage or remarriage	1	2

38. How have these events affected your participation in the Center? (CIRCLE APPROPRIATE RESPONSE.)

a.	No effect	0
b.	Led me to join	1
c.	Increased participation	2
d.	Decreased participation	3

39. (ASK EVERYONE.) Is there someone you feel close enough to to talk to about things that really bother you? No 1 / Yes 2 (IF YES:) Who is that person? (MULTIPLE RECORD IF NECESSARY.)

39b. 39a.

		No	Yes
a.	Husband/wife	1	2
b.	Child(ren)	1	2
c.	Friend(s)	1	2
d.	Sister, brother	1	2
e.	Parent(s)	1	2
f.	Clergyman	1	2
g.	Doctor	1	2
h.	Teacher	1	2
i.	Other relatives	1	2
j.	Other (Specify)____	1	2
k.	Not sure	1	2

39a$_1$. Is one of these persons a member of the Center? No 1 Yes 2

39b. How important is it to have someone to talk to about the things that really bother you?

a.	Very important	1
b.	Important	2
c.	Not important	3
d.	Not sure	4

40. Do you have any living (READ LIST)? (IF YES:) How many living (item) do you have? (CIRCLE CODE FOR EACH ITEM ON LIST. NOTE THAT CODE DIFFERS FROM NUMBER.)

		Don't have	One	Two	Three	Four	Five or more
(1.)	Children	1	2	3	4	5	6
2.	Brothers or sisters	1	2	3	4	5	6 (ASK 40a)
3.	Parents	1	2	3	4	5	6
4.	Close friends	1	2	3	4	5	6
(5.)	Grandchildren	1	2	3	4	5	6

40a. (ASK FOR EACH "HAVE") When did you last see (any of) your (item) -- within the last day or two, within the last week or two, a month ago, two to three months ago, or longer ago than that? (CIRCLE CODE FOR EACH APPLICABLE ITEM.)

		Within last day or two	Within last week or two	A month ago	2-3 months ago	Longer than that	I live with them	Not sure
(1.)	Children	1	2	3	4	5	6	7
2.	Brothers or sisters	1	2	3	4	5	6	7
3.	Parents	1	2	3	4	5	6	7
4.	Close friends	1	2	3	4	5	6	7
(5.)	Grandchildren	1	2	3	4	5	6	7

41. What is your religion? (DO NOT READ LIST.)

a.	Protestant	1
b.	Catholic	2
c.	Jewish	3
d.	Other (WRITE IN) _____	4
e.	None	5
f.	Not sure	6

42. How important is religion in your life -- very important, somewhat important, or hardly important at all?

a.	Very important	1
b.	Somewhat important	2
c.	Hardly important at all	3
d.	Not sure	4

42a. (IF RESPONDENT INDICATES THAT RELIGION IS IMPORTANT.)
In which of these activities do you take part? Do you

	Regularly	Frequently	Seldom
1. Attend religious services	3	2	1
2. Serve on governing group of church (synagogue)	3	2	1
3. Teach in church school	3	2	1
4. Attend study groups	3	2	1
5. Belong to church social club	3	2	1

43. In which church activities were you active when about 35? (WRITE, CODE LATER.)

1
2
3
4
5
6

44. Did you belong to any group or organization when you were about 35?

No 1 (GO ON TO NEXT QUESTION.)

Yes 2 Could you tell me which groups you belonged to. (WRITE, CODE LATER.)

1
2
3
4
5
6

45. Do you belong to any groups not affiliated with this Center today?

No 1 (GO TO QUESTION 44.)

Yes 2 (CONTINUE)

46. Which groups do you attend? (WRITE, CODE LATER.)

1
2
3
4
5
6

47. What is your current employment status -- are you employed full-time, employed part-time, retired, or what? (CIRCLE CODE.)

1. Employed full-time	1
2. Employed part-time	2
3. Retired	3
4. Unemployed	4

None of the above:

5. Student	5
6. Military service	6
7. Housewife	7
8. Retired, working part-time	8
9. Other (specify) _____	9

48. What kind of work do/did you do at the job outside the home you worked at the longest? (PROBE FULLY, FINDING OUT WHAT THE JOB IS/WAS CALLED, DUTIES INVOLVED, ETC., IN ORDER TO CATEGORIZE CORRECTLY BELOW. CIRCLE ONE.)

1. Professional	1
2. Manager, official, proprietor, farm manager	2
3. Clerical worker	3
4. Sales worker	4
5. Skilled craftsman, foreman	5
6. Operative, unskilled laborer (except farm)	6
7. Service worker	7
8. Farmer, farm laborer	8
9. Other (specify) _____	9
10. Never worked	10 → (GO TO 50)

(IF RETIRED)

49. At what age did you retire? (READ LIST, CIRCLE ONE.)

1. Under 40	1
2. 40-49	2
3. 50-54	3
4. 55-59	4
5. 60-64	5
6. 65	6
7. 66	7
8. 67	8
9. 68	9
10. 69	10
11. 70-74	11
12. 75-79	12
13. 80 or older	13
14. Not sure	14

49a. Could you tell me the highest level of education you completed? (READ LIST.)

Grades 1 - 8	1
Some high school	2
High school	3
Post high school (technical)	4
Some college	5
College	6
Graduate school	7

50. Will you look at this card (HAND RESPONDENT CARD) and tell me which letter best represents all the money that you (and spouse) either earned or received, such as from Social Security, Old Age Assistance, pensions, stocks, bonds, real estate and other investments, or money from children, before taxes in 1973. In other words, the money you had to live on last year, before taxes.

a.	Under $1,000	1
b.	$1,000 to $1,999	2
c.	$2,000 to $2,999	3
d.	$3,000 to $3,999	4
e.	$4,000 to $4,999	5
f.	$5,000 to $6,999	6
g.	$7,000 to $9,999	7
h.	$10,000 to $14,999	8
i.	$15,000 to $19,999	9
j.	$20,000 to $24,999	10
k.	$25,000 and over	11
l.	Not sure	12
m.	Refused	13

END

THANK RESPONDENT. ASK FOR AGE CASUALLY. COMPLETE PAGE 17

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RECORD THE FOLLOWING -- DO NOT ASK:

Ethnic Group or Racial Background:

a.	White	1
b.	Black	2
c.	Oriental	3
d.	Spanish-American (Puerto Rican, Mexican-American)	4
e.	Other (specify) _____	5
f.	Not sure	6

Respondent's sex:

a.	Male	1
b.	Female	2

Respondent's age: _____

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STAFF INFORMATION

1. Title: _____ Date of birth: / /

2. Length of employment at this Center: _____

3. Highest level of education you have completed: _____

a. Grades 1 - 8	____	d. Post high school (technical)	____
b. Some high school	____	e. Some college	____
c. High school	____	f. College	____
		g. Graduate school	____

4. Salary:

a. Less than $2,000	____	f. $8,000 - $9,999	____
b. $2,000 - $2,999	____	g. $10,000 - $11,999	____
c. $3,000 - $3,999	____	h. $12,000 - $14,999	____
d. $4,000 - $4,999	____	i. $15,000 - $19,999	____
e. $5,000 - $7,999	____	j. Over $20,000	____

ADMINISTRATOR QUESTIONNAIRE -- ON-SITE

ID # _____
From existing records

Record # _____

Case # _____

ADMINISTRATOR QUESTIONNAIRE

(TO BE USED WITH IN-DEPTH QUESTIONNAIRE)

This questionnaire is intended to serve as a guide to your interview with administrators. Record all comments verbatim. Probe on questions whenever applicable.

Please review this questionnaire after leaving the site. Add any additional information you have acquired during your visit.

USE THESE PAGES FOR VALIDATION OF QUESTIONS REMAINING FROM IN-DEPTH QUESTIONNAIRE. QUESTIONS REQUIRING CLARIFICATION SHOULD BE LISTED BEFORE LEAVING THE OFFICE. EMPHASIZE ORGANIZATIONAL HIERARCHY.

1. How did you determine the target population?

2. If director who completed previous questionnaires is no longer at center - ask:

   1. How long have you been director of this center? _____

   2. What was your former position? _____

   3. How long have you worked in the field of services to the aged? _____

_____

A. Administrative Organization

1. In which of these activities do you spend most of your time? (CIRCLE 1) In which do you spend the least amount of time? (CIRCLE 4) (CODE 2 and 3 FOR TIME SPENT AT REMAINING ACTIVITIES)

a. Activities and services that require direct contact with older people.....	1	2	3	4
b. Administrative or clerical duties (planning)	1	2	3	4
c. Meetings with other professionals concerned with service delivery	1	2	3	4
d. Evaluation of the program	1	2	3	4

2. Concerning formal structure, does your Center have: (CIRCLE CODE, ASK FOR COPIES)

	No	Yes
a. A written statement of purpose	1	2
b. Written goals and objectives	1	2
c. Written job description	1	2
d. A personnel manual	1	2
e. An organizational chart	1	2

B. Goals and Purposes

3. What do you think are the goals and purposes of the Center? (CIRCLE CODE. WRITE AT LEFT AS NEEDED.)

	No	Yes
a. To foster independence	1	2
b. Serve as an agent of change	1	2
c. Stimulate new interests	1	2
d. Use capabilities of members	1	2
e. Promote self-help	1	2
f. Provide encouragement	1	2
g. Act as an intermediary with the community ..	1	2
h. Promote feelings of belonging	1	2
i. Promote self-government	1	2
j. Promote new community service	1	2
k. _____	1	2
l. _____	1	2

4. In your opinion, how successful have you been in meeting these goals? (PROBE. CIRCLE CODE. RECORD COMMENTS)

Very successful	1
Somewhat successful	2
Only slightly successful	3
Not successful	4
Uncertain	5

5. What do you think this Center does best for older people in the community?

6. What do you think the Center does best for the community as a whole?

7. Why do you think members come to the Center? (CODE. RECORD COMMENTS)

	No	Yes
a. Enhancement activities (e.g., active and sedentary recreation)	1	2
b. Problem solving (e.g., psychological, employment, legal counseling, education)	1	2
c. Ego maintenance (e.g., feelings of importance, usefulness, achievement)	1	2
d. Social interaction	1	2
e. Physical maintenance (e.g., health care, nutrition program)	1	2
f. _____	1	2
g. _____	1	2

8. Do you believe that most of the members are satisfied with this Center? How satisfied? Would you say:

Very satisfied	1
Satisfied	2
Somewhat satisfied	3
Not satisfied	4
Don't know (VOLUNTEERED)	5

C. Membership/Participants

9. Of those receiving services, how do you determine the number served? (CIRCLE ALL APPLICABLE CODES YES, OTHERS NO)

	No	Yes
a. Membership list	1	2
b. Head count at entrance	1	2
c. Activity participant count	1	2
d. Registration forms	1	2
e. Guest books	1	2
f. Estimate number	1	2

10. Do you maintain records on unduplicated program attendance? (REQUEST EXAMPLE.) No 1 Yes 2

a. (IF YES) What is your current unduplicated count of persons served by the Center? _____

b. (IF NO) Do you have any procedure for estimating the number of persons served by the Center?

(IF YES, PROBE. LIST PROCEDURES) No 1 Yes 2

a. _____

b. _____

c. _____

d. _____

11. Could you estimate any increase in membership you had last year? _____ (USE EITHER ACTUAL NUMBER OR PERCENTAGE.)

12. What specific procedures do you follow to try to increase your membership? (CIRCLE ALL THAT APPLY YES, OTHERS NO. RECORD COMMENTS.)

	No	Yes
a. No procedures	1	2
b. Personal visits	1	2
c. Written communication	1	2
d. Television, radio	1	2
e. Personal communication (phone call)	1	2
f. _____	1	2
g. _____	1	2

13. Do you have a special Outreach Program - a program designed to locate and help the isolated, lonely, hard to find elderly?

No 1 Yes 2

14. Why do you think some members don't come regularly? (CODE YES OR NO)

		No	Yes
a.	Death of spouse	1	2
b.	Death of a close family member	1	2
c.	Marital separation	1	2
d.	Death of a close friend	1	2
e.	Illness of spouse or other relative in household	1	2
f.	Divorce	1	2
g.	Family discord or family trouble	1	2
h.	Change in financial state	1	2
i.	Change in where they live	1	2
j.	Member retired from work	1	2
k.	Spouse retired from work	1	2
l.	Marriage or remarriage	1	2
m.	Inadequate transportation	1	2
n.	Cost of clothing	1	2
o.	Cost of transportation	1	2
p.	Cost of materials	1	2
q.	Other places to go	1	2
r.	Don't know (volunteered only)	1	2
s.	Illness	1	2

15. Could you estimate the number of members who stopped coming last year?_____ (PROBE FOR REASONS)

16. Why do you think some members stop coming to the Center? (CODE YES OR NO)

		No	Yes
a.	Death of spouse	1	2
b.	Death of a close family member	1	2
c.	Marital separation	1	2
d.	Death of a close friend	1	2
e.	Illness of spouse or other relative in household	1	2
f.	Divorce	1	2
g.	Family discord or family trouble	1	2
h.	Change in financial state	1	2
i.	Death of member	1	2
j.	Member retired from work	1	2
k.	Spouse retired from work	1	2
l.	Marriage or remarriage	1	2
m.	Inadequate transportation	1	2
n.	Cost of clothing	1	2
o.	Cost of transportation	1	2
p.	Cost of materials	1	2
q.	Other places to go	1	2
r.	Don't know (volunteered only)	1	2
s.	Illness	1	2

17. Do you follow up to determine why people stop coming to the Center? (IF YES, PROBE. CODE YES OR NO)

		No	Yes
a.	Post cards, etc.	1	2
b.	Phone calls by staff	1	2
c.	Phone calls by members	1	2
d.	Visits by staff (including Outreach)	1	2
e.	Visits by members (friendly visits)	1	2
f.	_____	1	2
g.	_____	1	2

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18. How would you describe the relationship between the members and the staff? (CIRCLE ONLY ONE. RECORD COMMENTS.)

Very good	1
Good	2
Varies	3
Not good	4
Don't know (VOLUNTEERED)	5

19. Do you think that members like to make decisions about this Center? (CIRCLE ONLY ONE. RECORD COMMENTS.)

No	1
Yes	2
Varies, depends upon activity	3
Don't know (VOLUNTEERED)	4

	20. What kinds of decisions do members make about the Center? (CIRCLE YES OR NO)		21. (FOR EACH YES) To what extent do they participate?				
	No	Yes	Very much	Some	Varies	None	Don't know
a. General Center plans and policies	1	2	1	2	3	4	5
b. Allocation of Center budget	1	2	1	2	3	4	5
c. Clean-up and care of facility	1	2	1	2	3	4	5
d. Planning and implementation of new programs	1	2	1	2	3	4	5
e. Planning and implementation of existing programs	1	2	1	2	3	4	5
f. Political action	1	2	1	2	3	4	5
g. Earning money for Center	1	2	1	2	3	4	5
h. Soliciting funds for Center	1	2	1	2	3	4	5

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22. REFER TO QUESTION 25 ON IN-DEPTH QUESTIONNAIRE. COMPLETE "A" BEFORE I[illegible]. In your earlier responses to our questionnaires you indicated that you provided these services. We are interested in both why you started the program and who was instrumental in getting it underway.

	A. Programs	B. Reason Originated	C. Initiated by: Staff	Members	Volunteers	Don't know
1.			1	2	3	4
2.			1	2	3	4
3.			1	2	3	4
4.			1	2	3	4
5.			1	2	3	4
6.			1	2	3	4
7.			1	2	3	4
8.			1	2	3	4
9.			1	2	3	4
10.			1	2	3	4

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23. We would like to know several things about your activities and programs. Which ones draw most people, are most helpful, or are enjoyed by the greatest number of members. (READ LIST. MULTIPLE RESPONSES MAY BE RECORDED. "MOST" IS USED ONLY FOR EMPHASIS.)

	A. Draw most people		B. Are most helpful to those needing that service		C. Are enjoyed by greatest number of members	
	No	Yes	No	Yes	No	Yes
1. Active recreation (hiking, dancing, sports, exercise classes)	1	2	1	2	1	2
2. Creative activities (arts and crafts, drama, music, preparing bulletin/ newsletter).....	1	2	1	2	1	2
3. Sedentary recreation (cards, bingo, movies, spectator sports, parties)..	1	2	1	2	1	2
4. Nutrition (classes and/or counseling).	1	2	1	2	1	2
5. Classes, lectures, discussion groups..	1	2	1	2	1	2
6. Counseling	1	2	1	2	1	2
7. Information and referral	1	2	1	2	1	2
8. Services (employment, health, legal, library)	1	2	1	2	1	2
9. Home-delivered meals	1	2	1	2	1	2
10. Meals on premises	1	2	1	2	1	2
11. Membership-governing groups (committees, board).....	1	2	1	2	1	2
12. Leadership development training	1	2	1	2	1	2
13. Other _____	1	2	1	2	1	2

24. All things considered which program do you consider most successful at this Center? (ALLOW ONLY ONE--USE CODE FROM 22.)

25. How do you determine whether or not a program is successful? (PROBE)

26. In your opinion, what made this program successful with the members? (PROBE)

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27. Which programs are easy to run?

28. Which programs are difficult to run?

	27. Easy		28. Difficult	
	No	Yes	No	Yes
1. Active recreation (hiking, dancing, sports, exercise classes)	1	2	1	2
2. Creative activities (arts and crafts, drama, music, preparing bulletin/newsletter)	1	2	1	2
3. Sedentary recreation (cards, bingo, movies, spectator sports, parties)	1	2	1	2
4. Nutrition (classes and/or counseling)	1	2	1	2
5. Classes, lectures, discussion groups	1	2	1	2
6. Counseling	1	2	1	2
7. Information and referral	1	2	1	2
8. Services (employment, health, legal, library)	1	2	1	2
9. Home-delivered meals	1	2	1	2
10. Meals on premises	1	2	1	2
11. Membership-governing groups (committees, board)	1	2	1	2
12. Leadership development training	1	2	1	2
13. Tours and trips	1	2	1	2
14. Other _____	1	2	1	2

29. Why do you think some members participate less often than others in Center activities?

30. Do you provide any services or activities which you consider particularly innovative or unique? (IF YES, ENUMERATE.)

No	Yes
1	2

31. Should there be any other services or activities provided that are not currently offered? (IF YES, PROBE.)

No	Yes
1	2

	No	Yes
a. Active recreation (hiking, dancing, sports, exercise classes)	1	2
b. Creative activities (arts and crafts, drama, music, preparing bulletin/newsletter)	1	2
c. Sedentary recreation (cards, bingo, movies, spectator sports, parties)	1	2
d. Nutrition (classes and/or counseling)	1	2
e. Classes, lectures, discussion groups	1	2
f. Counseling	1	2
g. Information and referral	1	2
h. Services (employment, health, legal, library)	1	2
i. Home-delivered meals	1	2
j. Meals on premises	1	2
k. Membership-governing groups (committees, board)	1	2
l. Leadership development training	1	2
m. Tours and trips	1	2
n. Other _____	1	2

32. Which factors limit your ability to provide these activities or services?

33. (ASK IF STAFF HAS SEVERAL MEMBERS.)
Who on your staff interacts most with the members? (Title) _____

33a. Will you tell me which letter best represents his/her highest level of education?

a. Grades 1 - 8	1
b. Some high school	2
c. High school	3
d. Post high school (technical)	4
e. Some college	5
f. College	6
g. Graduate school	7

34. What suggestions or plans do you have for making things better at the Center?

35. In your own words, how would you define a Senior Center?

36. Is there anything else that you would like to tell me about this Center?

ASK RESPONDENT TO COMPLETE STAFF INFORMATION SHEET.

SITE OBSERVATION FORMS

SITE OBSERVATION CHECK LIST

Check "Yes" or "No" or "Not Sure"

Interaction between Participants

Yes	No	Not Sure	
___	___	_____	1. Participants appear to cooperate with each other.
___	___	_____	2. Isolates few.
___	___	_____	3. Participants know each other by name.
___	___	_____	4. Do they use first names?
___	___	_____	5. Do participants seem to be proud of Center?
___	___	_____	6. Do they apologize for anything?
___	___	_____	7. Do participants ask others to join in activities?
___	___	_____	8. Do Majority spend time watching TV?

Interaction between Staff and Participants

Yes	No	Not Sure	
___	___	_____	1. Relationship appears to be comfortable.
___	___	_____	2. Participants appear to be helpful to staff.
___	___	_____	3. Staff appears to be helpful to participants.
___	___	_____	4. Does staff appear to assume too much responsibility in directing activities?
___	___	_____	5. Does staff encourage participants joining activities?
___	___	_____	6. Does staff appear to be overzealous in encouraging participation?
___	___	_____	7. Does staff attempt to make participants feel at home without being overbearing?
___	___	_____	8. Does staff member greet participants by name?

Between Staff (If more than one.)

Yes	No	Not Sure	
___	___	_____	1. Are duties clearly specified?
___	___	_____	2. Is there adequate and clearly understood delegation of authority?
___	___	_____	3. Mutual respect (apparent)?
___	___	_____	4. Courtesy?
___	___	_____	5. Willingness to undertake menial tasks when need arises without regard for status?
___	___	_____	6. Adequate sharing of work load?
___	___	_____	7. Cooperation in undertaking less pleasant tasks?
___	___	_____	8. Are there any apologies or excuses for anything that may be wrong?

Furniture Arrangement

	No 1	Yes 2
1. Are chairs, tables, sofas, and other furniture arranged appropriately for activity for which area is used?	___	___
2. Is furniture arrangement conducive to group interaction?	___	___
3. Are chairs in rows, rather than in groupings? (NA if preparing for movie or large assembly.)	___	___

Comments

_____

_____

_____

Facilities and Structural Details. Circle appropriate descriptors.

Windows: None Inadequate Adequate Clean Dirty

Floors--Hard surface: Level Clean Dirty Slippery

Floor covering -- Soft surface: Excellent Goood Poor Clean Dirty

Bathrooms: Clean Dirty Safety devices Separate Accommodate Wheelchairs

Kitchen: Clean Dirty

Equipment: Adequate Inadequate

Serving area: Clean Dirty Adequate Inadequate

Furniture: Clean Dirty Adequate Inadequate

Recreation Equipment: Adequate Inadequate

If there are staircases leading to various levels:

1. Is there more than one staircase?_____

2. Do steps appear to be safe?_____

3. Are there emergency stair exits from upper levels?_____

Could elderly use them?_____

Lighting: Adequate Inadequate

Note specific areas where inadequate

Acoustical ceiling: Yes No

Is room suited for purpose for which it is being used?

Note exceptions:_____

_____

How would you rate the comfort of the facility?

Excellent	Good	Fair	Poor
___	___	___	___

Is it:

Hot ____

Humid ____

Cold ____

Drafty ____

Comfortable ____

Is it noisy? No ___ Yes ___ If yes, where does noise originate?_____

_____

_____

What did you observe in the neighborhoods?

1. Is it high or low crime area?_____

2. Is Center near public transportation?_____ (distance)

3. Is Center near a natural barrier that might serve as a deterrent?_____ (Ask if it does.)

4. How far is the Center from the nearest?

a. Movie theater	_____Blocks	_____Miles
b. Community Center or Y	_____Blocks	_____Miles
c. Public park	_____Blocks	_____Miles
d. School open to adults	_____Blocks	_____Miles
e. Church	_____Blocks	_____Miles
f. Police Station	_____Blocks	_____Miles
g. Hospitals	_____Blocks	_____Miles
h. Shopping center	_____Blocks	_____Miles
i. Library	_____Blocks	_____Miles

5. Is the surrounding area:

Industrial Commercial Residential Park Other (Specify)

Is the site

1. Well lighted?_____
2. Hilly or level?_____
3. Adjacent to parking area?_____ Adequate?_____
4. Equipped with ramps if needed?_____
   (indicate number of steps if ramps are not present.)
5. Completely accessible to wheelchairs?_____
   (Indicate areas not usable by those in wheelchairs)_____
   _____
6. Difficult to find?_____
7. Are doors to building easily opened?_____
8. Are exterior doors panic doors?_____
9. Are doors wide enough to accommodate wheelchairs?_____

Nature of homes in target area. (CHECK ALL THAT APPLY.)

1. Public housing Yes ___ No ___
   High rise _____ Low rise _____ One level ____
2. High-rise apartments, not public housing. _____
3. Multi-family private homes--townhouses, rowhouses, etc._____
4. Apartments over commerical establishments_____
5. Low-rise apartments, not public housing_____
6. Single-family homes_____

If the Center is a renovated facility, what was its original function? e.g., School, Store, Warehouse, Library, etc._____

What part of the facility does the Center use on a regular (almost daily) basis?_____

_____

_____

ACTIVITY AND SPACE UTILIZATION FORM

Activity	Location	Time	Number Watching	Number Participating